

#CALIF DEPT OF HEALTH SERV
MOP024
MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - AGED

PA

	122 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C
@TOTAL, ALL PROVIDERS	4,111	22,607	\$	853,621.92	\$ 37.76	185.303	\$ 207.64	\$
@PHYSICIANS SERVICES	35	99	\$	1,404.92	\$ 14.19	.811	\$ 40.14	\$
OUTPATIENT VISITS	1	1		37.50	37.50	.008	37.50	
OFFICE VISITS	1	1		37.50	37.50	.008	37.50	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	0	0		.00	.00	.000	.00	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	
INPATIENT VISITS	0	0		.00	.00	.000	.00	
HOSPITAL VISITS	0	0		.00	.00	.000	.00	
CRITICAL CARE	0	0		.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	35	98		1,367.42	13.95	.803	39.07	
@PHARMACY	632	1,132	\$	129,761.80	\$ 114.63	9.279	\$ 205.32	\$
PRESCRIPTION DRUGS	627	1,116		129,309.42	115.87	9.148	206.24	
SNF/ICF	78	134		12,855.53	95.94	1.098	164.81	
OUTPATIENTS	549	982		116,453.89	118.59	8.049	212.12	
MEDICAL SUPPLIES	13	16		452.38	28.27	.131	34.80	
@DENTIST	996	4,292	\$	181,458.96	\$ 42.28	35.180	\$ 182.19	\$
VISITS - DIAGNOSTIC	681	2,749		31,710.72	11.54	22.533	46.56	
ORAL SURGERY	187	597		30,257.45	50.68	4.893	161.80	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	9	10		800.00	80.00	.082	88.89	
PERIODONTICS	51	54		5,387.75	99.77	.443	105.64	
ENDODONTICS	50	64		13,070.44	204.23	.525	261.41	
RESTORATIVE DENTISTRY	158	365		24,867.85	68.13	2.992	157.39	
PROSTHETICS	21	22		588.00	26.73	.180	28.00	
DENTURES, STAYPLATES	182	407		74,776.75	183.73	3.336	410.86	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	

ALL OTHER SERVICES	40	24	.00	.00	.197	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
MONTEREY COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED						
	AID CODE 10						
					----- MONTHLY AVERAGE -		
122 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	1	3	\$ 50.16	\$ 16.72	.025	\$ 50.16	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	1	3	50.16	16.72	.025	50.16	
@PODIATRIST	1	1	\$ 24.00	\$ 24.00	.008	\$ 24.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	1	1	24.00	24.00	.008	24.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
@TOTAL HOSPITAL	17	56	\$ 8,116.32	\$ 144.93	.459	\$ 477.43	\$
HOSP INPATIENT TOTAL	7	4	6,882.59	1720.65	.033	983.23	
HSC HOSPITALS	1	4	2,852.33	713.08	.033	2852.33	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	6	0	4,030.26	.00	.000	671.71	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	10	52	1,233.73	23.73	.426	123.37	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	10	52	1,233.73	23.73	.426	123.37	
@COUNTY HOSPITAL TOTAL	3	10	\$ 62.74	\$ 6.27	.082	\$ 20.91	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	3	10	62.74	6.27	.082	20.91	
MEDICAL	0	0	.00	.00	.000	.00	

SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	3	10	62.74	6.27	.082	20.91

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

122 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@COMMUNITY HOSPITAL TOTAL	14	46	\$ 8,053.58	\$ 175.08	.377	\$ 575.26	\$
COMM HOSP INPATIENT TOTAL	7	4	6,882.59	1720.65	.033	983.23	
HSC HOSPITALS	1	4	2,852.33	713.08	.033	2852.33	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	6	0	4,030.26	.00	.000	671.71	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	7	42	1,170.99	27.88	.344	167.28	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	7	42	1,170.99	27.88	.344	167.28	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	12	410	\$ 49,125.94	\$ 119.82	3.361	\$ 4093.83	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	12	410	49,125.94	119.82	3.361	4093.83	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	4	12	\$ 1,274.20	\$ 106.18	.098	\$ 318.55	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	4	12	1,274.20	106.18	.098	318.55	
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$
PATHOLOGY	0	0	.00	.00	.000	.00	
XO AND OTHERS	0	0	.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	1,322	2,346	\$ 182,449.78	\$ 77.77	19.230	\$ 138.01	\$
CLINIC	10	186	3,576.78	19.23	1.525	357.68	
SURGICENTER	1	2	14.52	7.26	.016	14.52	

HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	1,311	2,158	178,858.48	82.88	17.689	136.43

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

122 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	1,260	14,256	\$ 299,955.84	\$ 21.04	116.852	\$ 238.06	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	1	11	60.70	5.52	.090	60.70	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	1	11	60.70	5.52	.090	60.70	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	13	182	12,674.00	69.64	1.492	974.92	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	544	2,691	266,867.07	99.17	22.057	490.56	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	683	1,534	17,527.68	11.43	12.574	25.66	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	28	9,838	2,826.39	.29	80.639	100.94	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$
@XOVER EXCLUDING STATE HOSP**	81	234	\$ 9,621.31	\$ 41.12	1.918	\$ 118.78	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL	
MONTEREY COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - BLIND	AID CODE 20

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	495	23,777	\$ 242,652.73	\$ 10.21	7925.667	\$ 490.21	\$ 8
@PHYSICIANS SERVICES	24	48	\$ 2,588.56	\$ 53.93	16.000	\$ 107.86	\$
OUTPATIENT VISITS	15	21	1,390.99	66.24	7.000	92.73	
OFFICE VISITS	11	15	1,099.70	73.31	5.000	99.97	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	

OTHER OUTPATIENT	4	6	291.29	48.55	2.000	72.82	
INPATIENT VISITS	2	4	323.32	80.83	1.333	161.66	
HOSPITAL VISITS	2	4	323.32	80.83	1.333	161.66	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	2	2	107.38	53.69	.667	53.69	
EXAMINATIONS	2	2	107.38	53.69	.667	53.69	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	1	9	299.84	33.32	3.000	299.84	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	1	9	299.84	33.32	3.000	299.84	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	3	7	138.83	19.83	2.333	46.28	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	4	5	328.20	65.64	1.667	82.05	
@PHARMACY	147	15,869	\$ 79,633.43	\$ 5.02	5289.667	\$ 541.72	\$ 2
PRESCRIPTION DRUGS	121	352	69,552.14	197.59	117.333	574.81	2
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	121	352	69,552.14	197.59	117.333	574.81	2
MEDICAL SUPPLIES	52	15,517	10,081.29	.65	5172.333	193.87	
@DENTIST	93	458	\$ 14,997.68	\$ 32.75	152.667	\$ 161.27	\$
VISITS - DIAGNOSTIC	73	343	3,490.88	10.18	114.333	47.82	
ORAL SURGERY	13	42	2,539.00	60.45	14.000	195.31	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	1	1	100.00	100.00	.333	100.00	
PERIODONTICS	6	9	413.00	45.89	3.000	68.83	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	15	25	1,818.00	72.72	8.333	121.20	
PROSTHETICS	3	3	57.00	19.00	1.000	19.00	

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C F
DENTURES, STAYPLATES	11	31	6,579.80	212.25	10.333	598.16	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	4	4	.00	.00	1.333	.00	
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA							
MOP024 FEE-FOR-SERVICE/DENTAL							
MONTEREY COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20							
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	22	2,702	\$ 78,914.44	\$ 29.21	900.667	\$ 3587.02	\$ 2
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	29	108	\$ 3,879.40	\$ 35.92	36.000	\$ 133.77	\$
HOSP INPATIENT TOTAL	0	0	196.46CR	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	196.46CR	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	29	108	4,075.86	37.74	36.000	140.55	
MEDICAL	13	14	627.14	44.80	4.667	48.24	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	4	26	292.38	11.25	8.667	73.10	
RADIOLOGY	7	11	1,502.40	136.58	3.667	214.63	
ROOM USE	13	16	572.32	35.77	5.333	44.02	
CROSSOVERS/ALL OTH OUTPTNT	13	41	1,081.62	26.38	13.667	83.20	
@COUNTY HOSPITAL TOTAL	4	12	\$ 1,124.89	\$ 93.74	4.000	\$ 281.22	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	

ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	4	12	1,124.89	93.74	4.000	281.22
MEDICAL	3	4	289.43	72.36	1.333	96.48
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	2	2	654.46	327.23	.667	327.23
ROOM USE	3	3	134.22	44.74	1.000	44.74
CROSSOVERS/ALL OTH OUTPTNT	3	3	46.78	15.59	1.000	15.59

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	25	96	\$ 2,754.51	\$ 28.69	32.000	\$ 110.18	\$
COMM HOSP INPATIENT TOTAL	0	0	196.46CR	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	196.46CR	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	25	96	2,950.97	30.74	32.000	118.04	
MEDICAL	10	10	337.71	33.77	3.333	33.77	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	4	26	292.38	11.25	8.667	73.10	
RADIOLOGY	5	9	847.94	94.22	3.000	169.59	
ROOM USE	10	13	438.10	33.70	4.333	43.81	
CROSSOVERS/ALL OTH OUTPTNT	10	38	1,034.84	27.23	12.667	103.48	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	14	44	\$ 1,083.34	\$ 24.62	14.667	\$ 77.38	\$
HOSPITAL BASED	1	1	94.74	94.74	.333	94.74	
INDEPENDENT FACILITY	13	43	988.60	22.99	14.333	76.05	
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$

PATHOLOGY	0	0	.00	.00	.000	.00
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	168	237	\$ 18,631.75	\$ 78.61	79.000	\$ 110.90
CLINIC	0	0	.00	.00	.000	.00
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	168	237	18,631.75	78.61	79.000	110.90

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	118	4,311	\$ 42,924.13	\$ 9.96	1437.000	\$ 363.76	\$ 1
DURABLE MED. EQUIP.	18	71	9,657.26	136.02	23.667	536.51	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	26	271	16,084.52	59.35	90.333	618.64	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	25	55	3,819.10	69.44	18.333	152.76	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	2	4	835.40	208.85	1.333	417.70	
PROSTHETICS	2	4	835.40	208.85	1.333	417.70	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	55	3,910	12,527.85	3.20	1303.333	227.78	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	124	18,730	\$ 148,406.27	\$ 7.92	6243.333	\$ 1196.82	\$ 4
@XOVER EXCLUDING STATE HOSP**	2	8	\$ 115.48CR	\$ 14.44CR	2.667	\$ 57.74CR	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

486 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	27,847	455,420	\$ 12,472,012.12	\$ 27.39	937.078	\$ 447.88	\$ 2
@PHYSICIANS SERVICES	1,192	4,436	\$ 309,517.03	\$ 69.77	9.128	\$ 259.66	\$
OUTPATIENT VISITS	592	804	46,638.13	58.01	1.654	78.78	

OFFICE VISITS	309	411	25,352.64	61.69	.846	82.05		
HOME VISITS	0	0	.00	.00	.000	.00		
EMERGENCY ROOM	88	89	8,030.57	90.23	.183	91.26		
PREVENTIVE CARE	0	0	.00	.00	.000	.00		
OB VISITS/COMPRE PERI	0	2CR	16.82CR	8.41	.004CR	.00		
OTHER OUTPATIENT	222	306	13,271.74	43.37	.630	59.78		
INPATIENT VISITS	180	992	83,574.01	84.25	2.041	464.30		
HOSPITAL VISITS	167	861	59,354.98	68.94	1.772	355.42		
CRITICAL CARE	33	130	24,205.33	186.19	.267	733.49		
SNF/ICF/TRANS IP CARE	1	1	13.70	13.70	.002	13.70		
OPHTHALMOLOGICAL SERVICES	33	40	1,907.41	47.69	.082	57.80		
EXAMINATIONS	33	40	1,907.41	47.69	.082	57.80		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		
INPATIENT HOSPITAL SURGERY	102	672	60,827.59	90.52	1.383	596.35		
PRINCIPAL SURGEON	74	97	41,809.74	431.03	.200	565.00		
ASSISTANT SURGEON	2	2	507.10	253.55	.004	253.55		
ANESTHESIOLOGIST	54	573	18,510.75	32.30	1.179	342.79		
OUTPATIENT SURGERY	149	532	39,832.17	74.87	1.095	267.33		
PRINCIPAL SURGEON	82	123	24,547.58	199.57	.253	299.36		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		
ANESTHESIOLOGIST	74	409	15,284.59	37.37	.842	206.55		
DIALYSIS	4	11	1,167.92	106.17	.023	291.98		
PATHOLOGY	30	110	3,032.69	27.57	.226	101.09		
RADIOLOGY	227	403	18,866.56	46.82	.829	83.11		
PSYCHIATRY	0	0	.00	.00	.000	.00		
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		
OTHER SERVICES/ALL X-OVERS	379	872	53,670.55	61.55	1.794	141.61		
@PHARMACY	12,745	174,314	\$ 6,916,085.70	\$ 39.68	358.671	\$ 542.65	\$ 1	
PRESCRIPTION DRUGS	12,436	27,047	6,017,096.33	222.47	55.652	483.84	1	
SNF/ICF	357	1,133	220,825.06	194.90	2.331	618.56		
OUTPATIENTS	12,106	25,914	5,796,271.27	223.67	53.321	478.79	1	
MEDICAL SUPPLIES	692	147,267	898,989.37	6.10	303.019	1299.12		
@DENTIST	4,349	19,925	\$ 631,840.07	\$ 31.71	40.998	\$ 145.28	\$	
VISITS - DIAGNOSTIC	3,123	13,461	159,681.20	11.86	27.698	51.13		
ORAL SURGERY	655	1,679	102,367.63	60.97	3.455	156.29		
DRUGS	104	119	2,350.00	19.75	.245	22.60		
ANESTHESIA	63	62	5,875.00	94.76	.128	93.25		
PERIODONTICS	242	255	26,723.25	104.80	.525	110.43		
ENDODONTICS	222	330	58,634.69	177.68	.679	264.12		
RESTORATIVE DENTISTRY	1,147	2,881	164,078.71	56.95	5.928	143.05		
PROSTHETICS	41	45	1,091.50	24.26	.093	26.62		
DENTURES, STAYPLATES	305	902	107,577.60	119.27	1.856	352.71		
SPACE MAINTAINERS	9	9	1,231.00	136.78	.019	136.78		
MAXILLOFACIAL SERVICES	7	12	725.00	60.42	.025	103.57		
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		
ORTHODONTIC SERVICES	20	35	1,404.50	40.13	.072	70.23		
ALL OTHER SERVICES	173	135	99.99	.74	.278	.58		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							PA
MOP024	FEE-FOR-SERVICE/DENTAL							
MONTEREY COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED							
	AID CODE 60							

EYE APPLIANCES	4	10		160.12	16.01	.021	40.03	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	.00	\$
VISITS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
@PODIATRIST	5	6	\$	108.44	\$ 18.07	.012	21.69	\$
MEDICINE/INJECTIONS	4	4		96.00	24.00	.008	24.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	
OTHER	1	2		12.44	6.22	.004	12.44	
@HOME HEALTH AGENCY	87	381	\$	24,434.81	\$ 64.13	.784	280.86	\$
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	.00	\$
NURSE MIDWIFE	2	3	\$	76.72	\$ 25.57	.006	38.36	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	.00	\$
@TOTAL HOSPITAL	1,241	7,797	\$	2,355,615.65	\$ 302.12	16.043	1898.16	\$
HOSP INPATIENT TOTAL	245	1,129		1,979,206.76	1753.06	2.323	8078.39	
HSC HOSPITALS	174	1,012		1,700,769.84	1680.60	2.082	9774.54	
NON-HSC HOSPITAL TOTAL	19	117		237,105.20	2026.54	.241	12479.22	
ACCOMMODATIONS	19	117		89,115.45	761.67	.241	4690.29	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	19	117		89,115.45	761.67	.241	4690.29	
ANCILLARIES	19	0		147,989.75	.00	.000	7788.93	
INPATIENT CROSSEOVERS	54	0		41,331.72	.00	.000	765.40	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	1,060	6,668		376,408.89	56.45	13.720	355.10	
MEDICAL	383	844		89,187.50	105.67	1.737	232.87	
SURGERY	91	113		8,614.04	76.23	.233	94.66	
PATHOLOGY	390	3,141		37,159.07	11.83	6.463	95.28	
RADIOLOGY	229	353		97,920.61	277.40	.726	427.60	
ROOM USE	605	843		34,982.37	41.50	1.735	57.82	
CROSSEOVERS/ALL OTH OUTPTNT	380	1,374		108,545.30	79.00	2.827	285.65	
@COUNTY HOSPITAL TOTAL	235	829	\$	340,879.55	\$ 411.19	1.706	1450.55	\$
CO HOSPITAL INPATIENT TOTAL	90	215		282,573.35	1314.29	.442	3139.70	
HSC HOSPITALS	58	215		259,064.00	1204.95	.442	4466.62	

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	32	0	23,509.35	.00	.000	734.67
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	151	614	58,306.20	94.96	1.263	386.13
MEDICAL	83	144	41,922.23	291.13	.296	505.09
SURGERY	9	16	1,702.37	106.40	.033	189.15
PATHOLOGY	45	220	2,561.23	11.64	.453	56.92
RADIOLOGY	24	37	5,317.18	143.71	.076	221.55
ROOM USE	79	96	3,503.67	36.50	.198	44.35
CROSSOVERS/ALL OTH OUTPTNT	42	101	3,299.52	32.67	.208	78.56
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
MONTEREY COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED					
	AID CODE 60					
	----- MONTHLY AVERAGE -					
486 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@COMMUNITY HOSPITAL TOTAL	1,030	6,968	\$ 2,014,736.10	\$ 289.14	14.337	\$ 1956.05
COMM HOSP INPATIENT TOTAL	158	914	1,696,633.41	1856.27	1.881	10738.19
HSC HOSPITALS	119	797	1,441,705.84	1808.92	1.640	12115.18
NON-HSC HOSPITALS TOTAL	19	117	237,105.20	2026.54	.241	12479.22
ACCOMMODATIONS	19	117	89,115.45	761.67	.241	4690.29
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	19	117	89,115.45	761.67	.241	4690.29
ANCILLARIES	19	0	147,989.75	.00	.000	7788.93
INPATIENT CROSSOVERS	22	0	17,822.37	.00	.000	810.11
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	921	6,054	318,102.69	52.54	12.457	345.39
MEDICAL	301	700	47,265.27	67.52	1.440	157.03
SURGERY	82	97	6,911.67	71.25	.200	84.29
PATHOLOGY	348	2,921	34,597.84	11.84	6.010	99.42
RADIOLOGY	206	316	92,603.43	293.05	.650	449.53
ROOM USE	529	747	31,478.70	42.14	1.537	59.51
CROSSOVERS/ALL OTH OUTPTNT	340	1,273	105,245.78	82.68	2.619	309.55
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	11	398	\$ 60,544.56	\$ 152.12	.819	\$ 5504.05
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	8	340	51,464.29	151.37	.700	6433.04
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	3	58	9,080.27	156.56	.119	3026.76
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	1	73	\$ 2,696.06	\$ 36.93	.150	\$ 2696.06
HOSPITAL BASED	0	0	.00	.00	.000	.00

HEMODIALYSIS CENTER	1	73		2,696.06		36.93	.150	2696.06	
@REHABILITATION FACILITY	395	3,207	\$	54,365.68	\$	16.95	6.599	\$ 137.63	\$
HOSPITAL BASED	33	79		3,007.06		38.06	.163	91.12	
INDEPENDENT FACILITY	363	3,128		51,358.62		16.42	6.436	141.48	
@LABORATORY FACILITY	13	49	\$	525.78	\$	10.73	.101	\$ 40.44	\$
PATHOLOGY	13	49		525.78		10.73	.101	40.44	
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	7,030	10,557	\$	849,788.72	\$	80.50	21.722	\$ 120.88	\$
CLINIC	3	63		1,211.49		19.23	.130	403.83	
SURGICENTER	2	7		262.65		37.52	.014	131.33	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	7,026	10,487		848,314.58		80.89	21.578	120.74	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

486 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	4,514	234,261	\$ 1,266,134.46	\$ 5.40	482.019	\$ 280.49	\$
DURABLE MED. EQUIP.	191	910	158,101.13	173.74	1.872	827.75	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	91	772	28,937.06	37.48	1.588	317.99	
MEDICAL TRANSPORTATION	92	3,205	52,198.83	16.29	6.595	567.38	
AMBULANCES/AIR TRANS	87	3,178	32,345.39	10.18	6.539	371.79	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	28	27	19,853.44	735.31	.056	709.05	
ACUPUNCTURE	1	6	104.28	17.38	.012	104.28	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	13	13	1,365.00	105.00	.027	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	425	6,347	332,021.02	52.31	13.060	781.23	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	1,399	3,076	34,781.63	11.31	6.329	24.86	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	54	322	53,269.19	165.43	.663	986.47	
PROSTHETICS	54	322	53,269.19	165.43	.663	986.47	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	16	36	2,233.43	62.04	.074	139.59	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	2,159	138,931	437,497.43	3.15	285.866	202.64	
EPSDT SUPPLEMENTAL SERVICE	29	3,183	98,264.61	30.87	6.549	3388.43	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	168	77,460	67,360.85	.87	159.383	400.96	
@CALIF. CHILDREN SERVICES*	3,575	205,063	\$ 4,779,208.51	\$ 23.31	421.940	\$ 1336.84	\$
@XOVER EXCLUDING STATE HOSP**	127	879	\$ 47,156.98	\$ 53.65	1.809	\$ 371.31	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

----- MONTHLY AVERAGE -

1,293 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	26,309	103,533	\$ 5,949,981.27	\$ 57.47	80.072	\$ 226.16	\$
@PHYSICIANS SERVICES	614	3,000	\$ 372,024.94	\$ 124.01	2.320	\$ 605.90	\$
OUTPATIENT VISITS	286	417	20,955.64	50.25	.323	73.27	
OFFICE VISITS	148	192	9,155.04	47.68	.148	61.86	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	81	98	7,353.77	75.04	.076	90.79	
PREVENTIVE CARE	4	4	206.34	51.59	.003	51.59	
OB VISITS/COMPRE PERI	7	47	739.33	15.73	.036	105.62	
OTHER OUTPATIENT	59	76	3,501.16	46.07	.059	59.34	
INPATIENT VISITS	108	960	125,478.56	130.71	.742	1161.84	
HOSPITAL VISITS	82	447	27,883.59	62.38	.346	340.04	
CRITICAL CARE	60	513	97,594.97	190.24	.397	1626.58	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	11	16	806.86	50.43	.012	73.35	
EXAMINATIONS	11	16	806.86	50.43	.012	73.35	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	75	545	61,298.18	112.47	.422	817.31	
PRINCIPAL SURGEON	43	76	44,397.76	584.18	.059	1032.51	
ASSISTANT SURGEON	4	4	1,221.20	305.30	.003	305.30	
ANESTHESIOLOGIST	39	465	15,679.22	33.72	.360	402.03	
OUTPATIENT SURGERY	67	226	19,452.66	86.07	.175	290.34	
PRINCIPAL SURGEON	45	54	13,425.03	248.61	.042	298.33	
ASSISTANT SURGEON	1	1	148.24	148.24	.001	148.24	
ANESTHESIOLOGIST	26	171	5,879.39	34.38	.132	226.13	
DIALYSIS	1	1	27.90	27.90	.001	27.90	
PATHOLOGY	31	77	1,723.31	22.38	.060	55.59	
RADIOLOGY	123	242	10,444.67	43.16	.187	84.92	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	6	73	6,473.60	88.68	.056	1078.93	
OTHER SERVICES/ALL X-OVERS	149	443	125,363.56	282.99	.343	841.37	
@PHARMACY	1,143	2,957	\$ 312,805.82	\$ 105.78	2.287	\$ 273.67	\$
PRESCRIPTION DRUGS	1,109	2,130	304,021.09	142.73	1.647	274.14	
SNF/ICF	1	2	216.07	108.04	.002	216.07	
OUTPATIENTS	1,108	2,128	303,805.02	142.77	1.646	274.19	
MEDICAL SUPPLIES	82	827	8,784.73	10.62	.640	107.13	
@DENTIST	9,309	56,098	\$ 1,372,137.79	\$ 24.46	43.386	\$ 147.40	\$
VISITS - DIAGNOSTIC	7,790	40,386	495,588.46	12.27	31.234	63.62	
ORAL SURGERY	1,058	2,130	135,227.81	63.49	1.647	127.81	
DRUGS	1,366	1,583	36,449.50	23.03	1.224	26.68	
ANESTHESIA	68	70	6,312.00	90.17	.054	92.82	
PERIODONTICS	92	99	10,298.50	104.03	.077	111.94	
ENDODONTICS	714	1,565	147,421.28	94.20	1.210	206.47	
RESTORATIVE DENTISTRY	3,036	9,551	491,946.99	51.51	7.387	162.04	
PROSTHETICS	30	32	680.00	21.25	.025	22.67	
DENTURES, STAYPLATES	31	99	10,202.00	103.05	.077	329.10	
SPACE MAINTAINERS	120	146	18,661.00	127.82	.113	155.51	
MAXILLOFACIAL SERVICES	9	12	510.00	42.50	.009	56.67	
FRACTURES, DISLOCATIONS	1	1	1,200.00	1200.00	.001	1200.00	
ORTHODONTIC SERVICES	214	257	17,025.25	66.25	.199	79.56	
ALL OTHER SERVICES	189	167	615.00	3.68	.129	3.25	

#CALIF DEPT OF HEALTH SERV MOP024
 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

PA

1,293 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	- C E
@OPTOMETRIST	17	56	\$ 1,142.14	\$ 20.40	.043	\$ 67.18	\$
DIAGNOSTIC AND ANC. PROCED	16	23	647.97	28.17	.018	40.50	
EYE APPLIANCES	12	33	494.17	14.97	.026	41.18	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	1	1	\$ 62.41	\$ 62.41	.001	\$ 62.41	\$
MEDICINE/INJECTIONS	1	1	62.41	62.41	.001	62.41	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	14	51	\$ 3,438.53	\$ 67.42	.039	\$ 245.61	\$
NURSE ANESTHESIST	0	0	.00	\$.00	.000	\$.00	\$
NURSE MIDWIFE	0	0	.00	\$.00	.000	\$.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$.00	\$
@TOTAL HOSPITAL	575	3,553	\$ 2,133,528.18	\$ 600.49	2.748	\$ 3710.48	\$
HOSP INPATIENT TOTAL	116	1,173	2,041,478.12	1740.39	.907	17598.95	
HSC HOSPITALS	108	1,153	1,967,875.00	1706.74	.892	18221.06	
NON-HSC HOSPITAL TOTAL	8	20	72,727.12	3636.36	.015	9090.89	
ACCOMMODATIONS	8	20	15,984.15	799.21	.015	1998.02	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	8	20	15,984.15	799.21	.015	1998.02	
ANCILLARIES	8	0	56,742.97	.00	.000	7092.87	
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	487	2,380	92,050.06	38.68	1.841	189.01	
MEDICAL	119	250	16,683.79	66.74	.193	140.20	
SURGERY	25	28	1,856.26	66.30	.022	74.25	
PATHOLOGY	134	1,059	12,734.53	12.03	.819	95.03	
RADIOLOGY	82	132	19,206.79	145.51	.102	234.23	
ROOM USE	227	304	12,451.07	40.96	.235	54.85	
CROSSOVERS/ALL OTH OUTPTNT	235	607	29,117.62	47.97	.469	123.90	
@COUNTY HOSPITAL TOTAL	103	460	\$ 312,446.38	\$ 679.23	.356	\$ 3033.46	\$
CO HOSPITAL INPATIENT TOTAL	35	232	301,808.00	1300.90	.179	8623.09	
HSC HOSPITALS	35	232	301,808.00	1300.90	.179	8623.09	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	71	228	10,638.38	46.66	.176	149.84	
MEDICAL	23	52	6,073.17	116.79	.040	264.05	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	21	66	615.16	9.32	.051	29.29	
RADIOLOGY	11	14	1,292.94	92.35	.011	117.54	
ROOM USE	45	53	1,869.55	35.27	.041	41.55	

CROSSOVERS/ALL OTH OUTPTNT	24	43	787.56	18.32	.033	32.82	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
MONTEREY COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G						
					----- MONTHLY AVERAGE -		
1,293 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	480	3,093	\$ 1,821,081.80	\$ 588.78	2.392	\$ 3793.92	\$
COMM HOSP INPATIENT TOTAL	83	941	1,739,670.12	1848.75	.728	20959.88	
HSC HOSPITALS	75	921	1,666,067.00	1808.98	.712	22214.23	
NON-HSC HOSPITALS TOTAL	8	20	72,727.12	3636.36	.015	9090.89	
ACCOMMODATIONS	8	20	15,984.15	799.21	.015	1998.02	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	8	20	15,984.15	799.21	.015	1998.02	
ANCILLARIES	8	0	56,742.97	.00	.000	7092.87	
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	419	2,152	81,411.68	37.83	1.664	194.30	
MEDICAL	96	198	10,610.62	53.59	.153	110.53	
SURGERY	25	28	1,856.26	66.30	.022	74.25	
PATHOLOGY	113	993	12,119.37	12.20	.768	107.25	
RADIOLOGY	71	118	17,913.85	151.81	.091	252.31	
ROOM USE	182	251	10,581.52	42.16	.194	58.14	
CROSSOVERS/ALL OTH OUTPTNT	211	564	28,330.06	50.23	.436	134.27	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$

ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	35	162	\$ 4,142.29	\$ 25.57	.125	\$ 118.35
HOSPITAL BASED	10	31	1,466.71	47.31	.024	146.67
INDEPENDENT FACILITY	25	131	2,675.58	20.42	.101	107.02
@LABORATORY FACILITY	44	94	\$ 1,149.85	\$ 12.23	.073	\$ 26.13
PATHOLOGY	44	94	1,149.85	12.23	.073	26.13
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	12,979	18,621	\$ 1,546,889.43	\$ 83.07	14.401	\$ 119.18
CLINIC	15	37	796.16	21.52	.029	53.08
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	12,966	18,584	1,546,093.27	83.19	14.373	119.24
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
MONTEREY COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G					

	1,293 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C F
@ALL OTHER PROVIDERS	2,688	18,940	\$ 202,659.89	\$ 10.70	14.648	\$ 75.39	\$	
DURABLE MED. EQUIP.	9	91	6,769.44	74.39	.070	752.16		
BLOOD BANK	0	0	.00	.00	.000	.00		
HEARING AID DISPENSERS	14	161	4,887.09	30.35	.125	349.08		
MEDICAL TRANSPORTATION	59	2,136	46,790.84	21.91	1.652	793.07		
AMBULANCES/AIR TRANS	56	2,109	25,816.68	12.24	1.631	461.01		
OTHER TRANS	1	4	25.36	6.34	.003	25.36		
OTHER SERVICES	22	23	20,948.80	910.82	.018	952.22		
ACUPUNCTURE	0	0	.00	.00	.000	.00		
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		
GENETIC DISEASE TESTING	72	74	7,770.00	105.00	.057	107.92		
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00		
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		
OPTICIAN	982	2,059	17,621.26	8.56	1.592	17.94		
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		
PORTABLE X-RAY	0	0	.00	.00	.000	.00		
PROSTHETIST/ORTHOTISTS	5	10	2,628.85	262.89	.008	525.77		
PROSTHETICS	5	10	2,628.85	262.89	.008	525.77		
ORTHOTICS	0	0	.00	.00	.000	.00		
PSYCHOLOGIST	15	56	3,326.09	59.39	.043	221.74		
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00		
HOSPICE SERVICES	0	0	.00	.00	.000	.00		
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		
LOCAL EDUCATION AGENCIES	1,539	14,230	112,269.67	7.89	11.005	72.95		
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		
ALL OTHER PROVIDERS	4	123	596.65	4.85	.095	149.16		
@CALIF. CHILDREN SERVICES*	938	10,657	\$ 2,609,911.58	\$ 244.90	8.242	\$ 2782.42	\$	
@XOVER EXCLUDING STATE HOSP**	1	0	\$ 876.00	\$.00	.000	\$ 876.00	\$	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

1,904 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS COST PER C PER ELIG USER E		
@TOTAL, ALL PROVIDERS	58,762	605,337	\$ 19,518,268.04	\$ 32.24	317.929	\$ 332.16	\$ 1
@PHYSICIANS SERVICES	1,865	7,583	\$ 685,535.45	\$ 90.40	3.983	\$ 367.58	\$
OUTPATIENT VISITS	894	1,243	69,022.26	55.53	.653	77.21	
OFFICE VISITS	469	619	35,644.88	57.58	.325	76.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	169	187	15,384.34	82.27	.098	91.03	
PREVENTIVE CARE	4	4	206.34	51.59	.002	51.59	
OB VISITS/COMPRE PERI	7	45	722.51	16.06	.024	103.22	
OTHER OUTPATIENT	285	388	17,064.19	43.98	.204	59.87	
INPATIENT VISITS	290	1,956	209,375.89	107.04	1.027	721.99	
HOSPITAL VISITS	251	1,312	87,561.89	66.74	.689	348.85	
CRITICAL CARE	93	643	121,800.30	189.43	.338	1309.68	
SNF/ICF/TRANS IP CARE	1	1	13.70	13.70	.001	13.70	
OPHTHALMOLOGICAL SERVICES	46	58	2,821.65	48.65	.030	61.34	
EXAMINATIONS	46	58	2,821.65	48.65	.030	61.34	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	177	1,217	122,125.77	100.35	.639	689.98	
PRINCIPAL SURGEON	117	173	86,207.50	498.31	.091	736.82	
ASSISTANT SURGEON	6	6	1,728.30	288.05	.003	288.05	
ANESTHESIOLOGIST	93	1,038	34,189.97	32.94	.545	367.63	
OUTPATIENT SURGERY	217	767	59,584.67	77.69	.403	274.58	
PRINCIPAL SURGEON	127	177	37,972.61	214.53	.093	299.00	
ASSISTANT SURGEON	1	1	148.24	148.24	.001	148.24	
ANESTHESIOLOGIST	101	589	21,463.82	36.44	.309	212.51	
DIALYSIS	5	12	1,195.82	99.65	.006	239.16	
PATHOLOGY	61	187	4,756.00	25.43	.098	77.97	
RADIOLOGY	353	652	29,450.06	45.17	.342	83.43	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	6	73	6,473.60	88.68	.038	1078.93	
OTHER SERVICES/ALL X-OVERS	567	1,418	180,729.73	127.45	.745	318.75	
@PHARMACY	14,667	194,272	\$ 7,438,286.75	\$ 38.29	102.034	\$ 507.14	\$
PRESCRIPTION DRUGS	14,293	30,645	6,519,978.98	212.76	16.095	456.17	
SNF/ICF	436	1,269	233,896.66	184.32	.666	536.46	
OUTPATIENTS	13,884	29,376	6,286,082.32	213.99	15.429	452.76	
MEDICAL SUPPLIES	839	163,627	918,307.77	5.61	85.939	1094.53	
@DENTIST	14,747	80,773	\$ 2,200,434.50	\$ 27.24	42.423	\$ 149.21	\$
VISITS - DIAGNOSTIC	11,667	56,939	690,471.26	12.13	29.905	59.18	
ORAL SURGERY	1,913	4,448	270,391.89	60.79	2.336	141.34	
DRUGS	1,470	1,702	38,799.50	22.80	.894	26.39	
ANESTHESIA	141	143	13,087.00	91.52	.075	92.82	
PERIODONTICS	391	417	42,822.50	102.69	.219	109.52	
ENDODONTICS	986	1,959	219,126.41	111.86	1.029	222.24	
RESTORATIVE DENTISTRY	4,356	12,822	682,711.55	53.25	6.734	156.73	
PROSTHETICS	95	102	2,416.50	23.69	.054	25.44	
DENTURES, STAYPLATES	529	1,439	199,136.15	138.39	.756	376.44	
SPACE MAINTAINERS	129	155	19,892.00	128.34	.081	154.20	
MAXILLOFACIAL SERVICES	16	24	1,235.00	51.46	.013	77.19	
FRACTURES, DISLOCATIONS	1	1	1,200.00	1200.00	.001	1200.00	

ORTHODONTIC SERVICES	234	292	18,429.75	63.12	.153	78.76	
ALL OTHER SERVICES	406	330	714.99	2.17	.173	1.76	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

1,904 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		C
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	22	69	\$ 1,420.58	\$ 20.59	.036	\$ 64.57	\$
DIAGNOSTIC AND ANC. PROCED	19	26	766.29	29.47	.014	40.33	
EYE APPLIANCES	16	43	654.29	15.22	.023	40.89	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	1	3	\$ 50.16	\$ 16.72	.002	\$ 50.16	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	1	3	50.16	16.72	.002	50.16	
@PODIATRIST	7	8	\$ 194.85	\$ 24.36	.004	\$ 27.84	\$
MEDICINE/INJECTIONS	5	5	158.41	31.68	.003	31.68	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	2	3	36.44	12.15	.002	18.22	
@HOME HEALTH AGENCY	123	3,134	\$ 106,787.78	\$ 34.07	1.646	\$ 868.19	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	\$
NURSE MIDWIFE	2	3	\$ 76.72	\$ 25.57	.002	\$ 38.36	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	1,862	11,514	\$ 4,501,139.55	\$ 390.93	6.047	\$ 2417.37	\$
HOSP INPATIENT TOTAL	368	2,306	4,027,371.01	1746.47	1.211	10943.94	
HSC HOSPITALS	283	2,169	3,671,497.17	1692.71	1.139	12973.49	
NON-HSC HOSPITAL TOTAL	27	137	309,832.32	2261.55	.072	11475.27	
ACCOMMODATIONS	27	137	105,099.60	767.15	.072	3892.58	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	27	137	105,099.60	767.15	.072	3892.58	
ANCILLARIES	27	0	204,732.72	.00	.000	7582.69	
INPATIENT CROSSOVERS	61	0	46,041.52	.00	.000	754.78	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	1,586	9,208	473,768.54	51.45	4.836	298.72	
MEDICAL	515	1,108	106,498.43	96.12	.582	206.79	
SURGERY	116	141	10,470.30	74.26	.074	90.26	
PATHOLOGY	528	4,226	50,185.98	11.88	2.220	95.05	
RADIOLOGY	318	496	118,629.80	239.17	.261	373.05	
ROOM USE	845	1,163	48,005.76	41.28	.611	56.81	
CROSSOVERS/ALL OTH OUTPTNT	638	2,074	139,978.27	67.49	1.089	219.40	
@COUNTY HOSPITAL TOTAL	345	1,311	\$ 654,513.56	\$ 499.25	.689	\$ 1897.14	\$
CO HOSPITAL INPATIENT TOTAL	125	447	584,381.35	1307.34	.235	4675.05	
HSC HOSPITALS	93	447	560,872.00	1254.75	.235	6030.88	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	32	0	23,509.35	.00	.000	734.67	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	229	864	70,132.21	81.17	.454	306.25	

MEDICAL	109	200	48,284.83	241.42	.105	442.98
SURGERY	9	16	1,702.37	106.40	.008	189.15
PATHOLOGY	66	286	3,176.39	11.11	.150	48.13
RADIOLOGY	37	53	7,264.58	137.07	.028	196.34
ROOM USE	127	152	5,507.44	36.23	.080	43.37
CROSSOVERS/ALL OTH OUTPTNT	72	157	4,196.60	26.73	.082	58.29

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

1,904 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C F
@COMMUNITY HOSPITAL TOTAL	1,549	10,203	\$ 3,846,625.99	\$ 377.01	5.359	\$ 2483.30	\$
COMM HOSP INPATIENT TOTAL	248	1,859	3,442,989.66	1852.07	.976	13883.02	
HSC HOSPITALS	195	1,722	3,110,625.17	1806.40	.904	15951.92	
NON-HSC HOSPITALS TOTAL	27	137	309,832.32	2261.55	.072	11475.27	
ACCOMMODATIONS	27	137	105,099.60	767.15	.072	3892.58	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	27	137	105,099.60	767.15	.072	3892.58	
ANCILLARIES	27	0	204,732.72	.00	.000	7582.69	
INPATIENT CROSSOVERS	29	0	22,532.17	.00	.000	776.97	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	1,372	8,344	403,636.33	48.37	4.382	294.20	
MEDICAL	407	908	58,213.60	64.11	.477	143.03	
SURGERY	107	125	8,767.93	70.14	.066	81.94	
PATHOLOGY	465	3,940	47,009.59	11.93	2.069	101.10	
RADIOLOGY	282	443	111,365.22	251.39	.233	394.91	
ROOM USE	721	1,011	42,498.32	42.04	.531	58.94	
CROSSOVERS/ALL OTH OUTPTNT	568	1,917	135,781.67	70.83	1.007	239.05	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	23	808	\$ 109,670.50	\$ 135.73	.424	\$ 4768.28	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	8	340	51,464.29	151.37	.179	6433.04	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	15	468	58,206.21	124.37	.246	3880.41	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	5	85	\$ 3,970.26	\$ 46.71	.045	\$ 794.05	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	5	85	3,970.26	46.71	.045	794.05	
@REHABILITATION FACILITY	444	3,413	\$ 59,591.31	\$ 17.46	1.793	\$ 134.21	\$
HOSPITAL BASED	44	111	4,568.51	41.16	.058	103.83	
INDEPENDENT FACILITY	401	3,302	55,022.80	16.66	1.734	137.21	
@LABORATORY FACILITY	57	143	\$ 1,675.63	\$ 11.72	.075	\$ 29.40	\$
PATHOLOGY	57	143	1,675.63	11.72	.075	29.40	
XO AND OTHERS	0	0	.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	21,499	31,761	\$ 2,597,759.68	\$ 81.79	16.681	\$ 120.83	\$
CLINIC	28	286	5,584.43	19.53	.150	199.44	

SURGICENTER	3	9	277.17	30.80	.005	92.39
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	21,471	31,466	2,591,898.08	82.37	16.526	120.72

#CALIF DEPT OF HEALTH SERV
MOP024
MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

1,904 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	8,580	271,768	\$ 1,811,674.32	\$ 6.67	142.735	\$ 211.15	\$
DURABLE MED. EQUIP.	218	1,072	174,527.83	162.81	.563	800.59	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	105	933	33,824.15	36.25	.490	322.13	
MEDICAL TRANSPORTATION	152	5,352	99,050.37	18.51	2.811	651.65	
AMBULANCES/AIR TRANS	143	5,287	58,162.07	11.00	2.777	406.73	
OTHER TRANS	1	4	25.36	6.34	.002	25.36	
OTHER SERVICES	51	61	40,862.94	669.88	.032	801.23	
ACUPUNCTURE	1	6	104.28	17.38	.003	104.28	
ADULT DAY HEALTH CARE CTR	13	182	12,674.00	69.64	.096	974.92	
GENETIC DISEASE TESTING	85	87	9,135.00	105.00	.046	107.47	
IHMC,MODEL-NF,NF,AIDS,MSSP	995	9,309	614,972.61	66.06	4.889	618.06	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	3,089	6,724	73,749.67	10.97	3.532	23.87	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	61	336	56,733.44	168.85	.176	930.06	
PROSTHETICS	61	336	56,733.44	168.85	.176	930.06	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	15	56	3,326.09	59.39	.029	221.74	
SPEECH AND AUDIOLOGY	16	36	2,233.43	62.04	.019	139.59	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	3,753	157,071	562,294.95	3.58	82.495	149.83	
EPSDT SUPPLEMENTAL SERVICE	29	3,183	98,264.61	30.87	1.672	3388.43	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	

ALL OTHER PROVIDERS	200	87,421		70,783.89	.81	45.914	353.92	
@CALIF. CHILDREN SERVICES*	4,637	234,450	\$	7,537,526.36	\$ 32.15	123.136	\$ 1625.52	\$
@XOVER EXCLUDING STATE HOSP**	211	1,121	\$	57,538.81	\$ 51.33	.589	\$ 272.70	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
 MOP024 FEE-FOR-SERVICE/DENTAL
 MONTEREY COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

108 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C F
@TOTAL, ALL PROVIDERS	3,005	7,303	\$ 1,635,343.84	\$ 223.93	67.620	\$ 544.21	\$ 1
@PHYSICIANS SERVICES	187	1,596	\$ 146,508.51	\$ 91.80	14.778	\$ 783.47	\$
OUTPATIENT VISITS	77	95	6,153.23	64.77	.880	79.91	
OFFICE VISITS	51	61	4,213.32	69.07	.565	82.61	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	13	14	1,151.76	82.27	.130	88.60	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	15	20	788.15	39.41	.185	52.54	
INPATIENT VISITS	61	760	86,673.88	114.04	7.037	1420.88	
HOSPITAL VISITS	46	430	26,502.65	61.63	3.981	576.14	
CRITICAL CARE	34	330	60,171.23	182.34	3.056	1769.74	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	1	0	.00	.00	.000	.00	
EXAMINATIONS	1	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	31	214	23,302.83	108.89	1.981	751.70	
PRINCIPAL SURGEON	24	30	16,288.31	542.94	.278	678.68	
ASSISTANT SURGEON	1	1	576.28	576.28	.009	576.28	
ANESTHESIOLOGIST	12	183	6,438.24	35.18	1.694	536.52	
OUTPATIENT SURGERY	11	47	4,068.28	86.56	.435	369.84	
PRINCIPAL SURGEON	4	6	2,490.21	415.04	.056	622.55	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	8	41	1,578.07	38.49	.380	197.26	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	5	7	453.33	64.76	.065	90.67	
RADIOLOGY	46	195	3,896.42	19.98	1.806	84.70	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	2	3	3,484.89	1161.63	.028	1742.45	
OTHER SERVICES/ALL X-OVERS	78	275	18,475.65	67.18	2.546	236.87	
@PHARMACY	30	149	\$ 8,642.26	\$ 58.00	1.380	\$ 288.08	\$
PRESCRIPTION DRUGS	20	38	7,602.71	200.07	.352	380.14	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	20	38	7,602.71	200.07	.352	380.14	
MEDICAL SUPPLIES	11	111	1,039.55	9.37	1.028	94.50	
@DENTIST	44	78	\$ 2,097.00	\$ 26.88	.722	\$ 47.66	\$
VISITS - DIAGNOSTIC	41	65	1,558.00	23.97	.602	38.00	
ORAL SURGERY	2	3	128.00	42.67	.028	64.00	
DRUGS	1	1	25.00	25.00	.009	25.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	1	1	71.00	71.00	.009	71.00	
RESTORATIVE DENTISTRY	2	5	215.00	43.00	.046	107.50	

108 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	1	1	100.00	100.00	.009	100.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	2	2	.00	.00	.019	.00	
#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY							
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							
FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69							
----- MONTHLY AVERAGE -----							
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	10	34	\$ 2,269.33	\$ 66.75	.315	\$ 226.93	\$
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
@TOTAL HOSPITAL	112	925	\$ 1,144,626.83	\$ 1237.43	8.565	\$ 10219.88	\$ 1
HOSP INPATIENT TOTAL	41	640	1,106,142.16	1728.35	5.926	26979.08	1
HSC HOSPITALS	39	630	1,085,732.32	1723.38	5.833	27839.29	1
NON-HSC HOSPITAL TOTAL	2	10	20,409.84	2040.98	.093	10204.92	
ACCOMMODATIONS	2	10	6,443.50	644.35	.093	3221.75	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	2	10	6,443.50	644.35	.093	3221.75	
ANCILLARIES	2	0	13,966.34	.00	.000	6983.17	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	83	285	38,484.67	135.03	2.639	463.67	
MEDICAL	36	72	28,230.66	392.09	.667	784.19	
SURGERY	4	5	418.82	83.76	.046	104.71	
PATHOLOGY	14	44	530.14	12.05	.407	37.87	
RADIOLOGY	20	22	3,769.86	171.36	.204	188.49	
ROOM USE	53	72	3,013.38	41.85	.667	56.86	
CROSSOVERS/ALL OTH OUTPTNT	34	70	2,521.81	36.03	.648	74.17	
@COUNTY HOSPITAL TOTAL	37	171	\$ 109,872.36	\$ 642.53	1.583	\$ 2969.52	\$
CO HOSPITAL INPATIENT TOTAL	9	69	82,800.00	1200.00	.639	9200.00	
HSC HOSPITALS	9	69	82,800.00	1200.00	.639	9200.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	

ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	28	102	27,072.36	265.42	.944	966.87
MEDICAL	22	50	25,334.51	506.69	.463	1151.57
SURGERY	1	1	118.23	118.23	.009	118.23
PATHOLOGY	5	11	143.48	13.04	.102	28.70
RADIOLOGY	4	4	191.15	47.79	.037	47.79
ROOM USE	25	31	1,185.89	38.25	.287	47.44
CROSSOVERS/ALL OTH OUTPTNT	5	5	99.10	19.82	.046	19.82

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

108 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	77	754	\$ 1,034,754.47	\$ 1372.35	6.981	\$ 13438.37	\$
COMM HOSP INPATIENT TOTAL	32	571	1,023,342.16	1792.19	5.287	31979.44	
HSC HOSPITALS	30	561	1,002,932.32	1787.76	5.194	33431.08	
NON-HSC HOSPITALS TOTAL	2	10	20,409.84	2040.98	.093	10204.92	
ACCOMMODATIONS	2	10	6,443.50	644.35	.093	3221.75	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	2	10	6,443.50	644.35	.093	3221.75	
ANCILLARIES	2	0	13,966.34	.00	.000	6983.17	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	57	183	11,412.31	62.36	1.694	200.22	
MEDICAL	14	22	2,896.15	131.64	.204	206.87	
SURGERY	3	4	300.59	75.15	.037	100.20	
PATHOLOGY	9	33	386.66	11.72	.306	42.96	
RADIOLOGY	16	18	3,578.71	198.82	.167	223.67	
ROOM USE	30	41	1,827.49	44.57	.380	60.92	
CROSSOVERS/ALL OTH OUTPTNT	29	65	2,422.71	37.27	.602	83.54	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	20	67	\$ 1,847.63	\$ 27.58	.620	\$ 92.38	\$
HOSPITAL BASED	5	8	691.51	86.44	.074	138.30	
INDEPENDENT FACILITY	15	59	1,156.12	19.60	.546	77.07	

@LABORATORY FACILITY	1	1	\$	13.38	\$	13.38	.009	\$	13.38	\$
PATHOLOGY	1	1		13.38		13.38	.009		13.38	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	2,683	3,889	\$	315,480.68	\$	81.12	36.009	\$	117.59	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	2,683	3,889		315,480.68		81.12	36.009		117.59	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

108 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	33	564	\$ 13,858.22	\$ 24.57	5.222	\$ 419.95	\$
DURABLE MED. EQUIP.	8	29	2,868.02	98.90	.269	358.50	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	23	533	10,958.96	20.56	4.935	476.48	
AMBULANCES/AIR TRANS	22	527	6,054.32	11.49	4.880	275.20	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	5	6	4,904.64	817.44	.056	980.93	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	2	2	31.24	15.62	.019	15.62	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	294	3,410	\$ 1,316,653.90	\$ 386.12	31.574	\$ 4478.41	\$ 1
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL	
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT	AID CODES 44 48 49

13,884 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	12,085	61,945	\$ 9,027,913.06	\$ 145.74	4.462	\$ 747.03	\$
@PHYSICIANS SERVICES	5,316	14,071	\$ 1,065,304.53	\$ 75.71	1.013	\$ 200.40	\$

OUTPATIENT VISITS	2,401	5,511	288,044.91	52.27	.397	119.97
OFFICE VISITS	283	344	12,351.90	35.91	.025	43.65
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	374	436	27,383.08	62.81	.031	73.22
PREVENTIVE CARE	5	5	170.68	34.14	.000	34.14
OB VISITS/COMPRI PERI	1,867	4,721	248,136.77	52.56	.340	132.91
OTHER OUTPATIENT	5	5	2.48	.50	.000	.50
INPATIENT VISITS	675	1,585	110,523.45	69.73	.114	163.74
HOSPITAL VISITS	641	1,222	52,886.89	43.28	.088	82.51
CRITICAL CARE	58	363	57,636.56	158.78	.026	993.73
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	907	1,527	448,112.29	293.46	.110	494.06
PRINCIPAL SURGEON	717	747	398,029.08	532.84	.054	555.13
ASSISTANT SURGEON	106	106	18,362.74	173.23	.008	173.23
ANESTHESIOLOGIST	165	674	31,720.47	47.06	.049	192.25
OUTPATIENT SURGERY	410	699	34,330.23	49.11	.050	83.73
PRINCIPAL SURGEON	397	641	31,934.45	49.82	.046	80.44
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	29	58	2,395.78	41.31	.004	82.61
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	380	997	8,185.27	8.21	.072	21.54
RADIOLOGY	2,102	2,663	129,082.30	48.47	.192	61.41
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	166	297	4,585.75	15.44	.021	27.63
OTHER SERVICES/ALL X-OVERS	611	792	42,440.33	53.59	.057	69.46
@PHARMACY	3,014	6,810	198,659.27	29.17	.490	65.91
PRESCRIPTION DRUGS	2,803	5,950	131,947.17	22.18	.429	47.07
SNF/ICF	0	0	.00	.00	.000	.00
OUTPATIENTS	2,803	5,950	131,947.17	22.18	.429	47.07
MEDICAL SUPPLIES	430	860	66,712.10	77.57	.062	155.14
@DENTIST	15	32	1,024.00	32.00	.002	68.27
VISITS - DIAGNOSTIC	11	24	263.00	10.96	.002	23.91
ORAL SURGERY	2	3	123.00	41.00	.000	61.50

DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	2	1	118.00	118.00	.000	59.00
ENDODONTICS	1	2	520.00	260.00	.000	520.00
RESTORATIVE DENTISTRY	2	2	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

13,884 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	181	221	\$ 15,074.38	\$ 68.21	.016	\$ 83.28	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	1	1	\$ 53.79	\$ 53.79	.000	\$ 53.79	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	4,437	18,698	\$ 5,834,337.06	\$ 312.03	1.347	\$ 1314.93	\$
HOSP INPATIENT TOTAL	1,127	4,021	5,489,479.57	1365.20	.290	4870.88	
HSC HOSPITALS	866	2,739	3,456,775.34	1262.06	.197	3991.66	
NON-HSC HOSPITAL TOTAL	264	1,282	2,032,704.23	1585.57	.092	7699.64	
ACCOMMODATIONS	264	1,282	736,934.44	574.83	.092	2791.42	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	264	1,282	736,934.44	574.83	.092	2791.42	
ANCILLARIES	264	0	1,295,769.79	.00	.000	4908.22	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	3,765	14,677	344,857.49	23.50	1.057	91.60	
MEDICAL	213	271	17,658.09	65.16	.020	82.90	
SURGERY	85	107	4,187.66	39.14	.008	49.27	
PATHOLOGY	2,664	9,741	122,926.76	12.62	.702	46.14	
RADIOLOGY	1,048	1,251	97,069.77	77.59	.090	92.62	
ROOM USE	1,017	1,559	57,668.45	36.99	.112	56.70	
CROSSOVERS/ALL OTH OUTPTNT	909	1,748	45,346.76	25.94	.126	49.89	
@COUNTY HOSPITAL TOTAL	2,633	11,322	\$ 2,629,434.14	\$ 232.24	.815	\$ 998.65	\$
CO HOSPITAL INPATIENT TOTAL	707	2,019	2,427,157.60	1202.16	.145	3433.04	

HSC HOSPITALS	707	2,019	2,427,157.60	1202.16	.145	3433.04
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	2,159	9,303	202,276.54	21.74	.670	93.69
MEDICAL	73	94	5,325.91	56.66	.007	72.96
SURGERY	22	32	1,089.44	34.05	.002	49.52
PATHOLOGY	1,622	6,657	87,014.69	13.07	.479	53.65
RADIOLOGY	556	651	46,117.89	70.84	.047	82.95
ROOM USE	631	1,011	35,912.45	35.52	.073	56.91
CROSSOVERS/ALL OTH OUTPTNT	446	858	26,816.16	31.25	.062	60.13

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

13,884 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	1,900	7,376	\$ 3,204,902.92	\$ 434.50	.531	\$ 1686.79	\$
COMM HOSP INPATIENT TOTAL	424	2,002	3,062,321.97	1529.63	.144	7222.46	
HSC HOSPITALS	162	720	1,029,617.74	1430.02	.052	6355.67	
NON-HSC HOSPITALS TOTAL	264	1,282	2,032,704.23	1585.57	.092	7699.64	
ACCOMMODATIONS	264	1,282	736,934.44	574.83	.092	2791.42	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	264	1,282	736,934.44	574.83	.092	2791.42	
ANCILLARIES	264	0	1,295,769.79	.00	.000	4908.22	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	1,679	5,374	142,580.95	26.53	.387	84.92	
MEDICAL	141	177	12,332.18	69.67	.013	87.46	
SURGERY	63	75	3,098.22	41.31	.005	49.18	
PATHOLOGY	1,073	3,084	35,912.07	11.64	.222	33.47	
RADIOLOGY	506	600	50,951.88	84.92	.043	100.70	
ROOM USE	396	548	21,756.00	39.70	.039	54.94	
CROSSOVERS/ALL OTH OUTPTNT	472	890	18,530.60	20.82	.064	39.26	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$

HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	4	4	\$ 194.26	\$ 48.57	.000	\$ 48.57
HOSPITAL BASED	4	4	194.26	48.57	.000	48.57
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	1,945	4,425	\$ 88,047.75	\$ 19.90	.319	\$ 45.27
PATHOLOGY	1,916	4,388	86,154.82	19.63	.316	44.97
XO AND OTHERS	37	37	1,892.93	51.16	.003	51.16
@ORGANIZED OUTPATIENT CLINIC	5,242	15,127	\$ 1,716,660.71	\$ 113.48	1.090	\$ 327.48
CLINIC	158	601	20,909.80	34.79	.043	132.34
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	5,089	14,526	1,695,750.91	116.74	1.046	333.22

#CALIF DEPT OF HEALTH SERV MOP024
 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

13,884 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	612	2,556	\$ 108,557.31	\$ 42.47	.184	\$ 177.38	\$
DURABLE MED. EQUIP.	9	62	599.27	9.67	.004	66.59	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	74	1,963	52,658.44	26.83	.141	711.60	
AMBULANCES/AIR TRANS	74	1,937	26,406.87	13.63	.140	356.85	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	25	26	26,251.57	1009.68	.002	1050.06	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	526	527	55,143.00	104.64	.038	104.83	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	4	4	156.60	39.15	.000	39.15	
PROSTHETICS	4	4	156.60	39.15	.000	39.15	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	61	763	\$ 511,403.84	\$ 670.25	.055	\$ 8383.67	\$
@XOVER EXCLUDING STATE HOSP**	3	10	\$ 229.07	\$ 22.91	.001	\$ 76.36	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024
 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

226 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	- C E
@TOTAL, ALL PROVIDERS	256	834	\$ 92,118.56	\$ 110.45	3.690	\$ 359.84	\$
@PHYSICIANS SERVICES	57	130	\$ 8,407.85	\$ 64.68	.575	\$ 147.51	\$
OUTPATIENT VISITS	34	39	1,906.93	48.90	.173	56.09	
OFFICE VISITS	10	13	361.51	27.81	.058	36.15	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	8	9	512.15	56.91	.040	64.02	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	15	16	1,003.27	62.70	.071	66.88	
OTHER OUTPATIENT	1	1	30.00	30.00	.004	30.00	
INPATIENT VISITS	6	32	2,998.23	93.69	.142	499.71	
HOSPITAL VISITS	3	7	307.23	43.89	.031	102.41	
CRITICAL CARE	3	25	2,691.00	107.64	.111	897.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	4	9	1,464.29	162.70	.040	366.07	
PRINCIPAL SURGEON	3	3	1,219.24	406.41	.013	406.41	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	1	6	245.05	40.84	.027	245.05	
OUTPATIENT SURGERY	6	12	673.45	56.12	.053	112.24	
PRINCIPAL SURGEON	5	8	579.44	72.43	.035	115.89	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	1	4	94.01	23.50	.018	94.01	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	6	6	106.88	17.81	.027	17.81	
RADIOLOGY	12	15	561.20	37.41	.066	46.77	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	4	6	196.85	32.81	.027	49.21	
OTHER SERVICES/ALL X-OVERS	8	11	500.02	45.46	.049	62.50	
@PHARMACY	24	44	\$ 1,935.49	\$ 43.99	.195	\$ 80.65	\$
PRESCRIPTION DRUGS	24	42	1,718.47	40.92	.186	71.60	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	24	42	1,718.47	40.92	.186	71.60	
MEDICAL SUPPLIES	1	2	217.02	108.51	.009	217.02	
@DENTIST	1	14	\$.00	\$.00	.062	\$.00	\$
VISITS - DIAGNOSTIC	1	13	.00	.00	.058	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	1	1	.00	.00	.004	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

PA

MONTEREY COUNTY

SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM

AID CODE 76

226 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	- C F
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
@TOTAL HOSPITAL	61	231	\$ 57,277.24	\$ 247.95	1.022	\$ 938.97	\$
HOSP INPATIENT TOTAL	7	36	53,286.06	1480.17	.159	7612.29	
HSC HOSPITALS	6	32	44,400.01	1387.50	.142	7400.00	
NON-HSC HOSPITAL TOTAL	1	4	8,886.05	2221.51	.018	8886.05	
ACCOMMODATIONS	1	4	2,577.40	644.35	.018	2577.40	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	1	4	2,577.40	644.35	.018	2577.40	
ANCILLARIES	1	0	6,308.65	.00	.000	6308.65	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	55	195	3,991.18	20.47	.863	72.57	
MEDICAL	7	10	365.40	36.54	.044	52.20	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	45	146	2,371.72	16.24	.646	52.70	

RADIOLOGY	5	8	398.30	49.79	.035	79.66
ROOM USE	13	16	530.57	33.16	.071	40.81
CROSSOVERS/ALL OTH OUTPTNT	7	15	325.19	21.68	.066	46.46
@COUNTY HOSPITAL TOTAL	32	135	\$ 11,282.45	\$ 83.57	.597	\$ 352.58
CO HOSPITAL INPATIENT TOTAL	4	7	8,400.01	1200.00	.031	2100.00
HSC HOSPITALS	4	7	8,400.01	1200.00	.031	2100.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	29	128	2,882.44	22.52	.566	99.39
MEDICAL	2	3	63.62	21.21	.013	31.81
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	24	97	1,879.95	19.38	.429	78.33
RADIOLOGY	5	8	398.30	49.79	.035	79.66
ROOM USE	6	9	276.37	30.71	.040	46.06
CROSSOVERS/ALL OTH OUTPTNT	5	11	264.20	24.02	.049	52.84

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

226 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER	- PER ELIG USER C E
@COMMUNITY HOSPITAL TOTAL	29	96	\$ 45,994.79	\$ 479.11	.425	\$ 1586.03
COMM HOSP INPATIENT TOTAL	3	29	44,886.05	1547.79	.128	14962.02
HSC HOSPITALS	2	25	36,000.00	1440.00	.111	18000.00
NON-HSC HOSPITALS TOTAL	1	4	8,886.05	2221.51	.018	8886.05
ACCOMMODATIONS	1	4	2,577.40	644.35	.018	2577.40
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	1	4	2,577.40	644.35	.018	2577.40
ANCILLARIES	1	0	6,308.65	.00	.000	6308.65
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	26	67	1,108.74	16.55	.296	42.64
MEDICAL	5	7	301.78	43.11	.031	60.36
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	21	49	491.77	10.04	.217	23.42
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	7	7	254.20	36.31	.031	36.31
CROSSOVERS/ALL OTH OUTPTNT	2	4	60.99	15.25	.018	30.50
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00

@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	72	126	\$	4,084.60	\$	32.42	.558	\$	56.73	\$
PATHOLOGY	72	126		4,084.60		32.42	.558		56.73	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	104	152	\$	17,438.82	\$	114.73	.673	\$	167.68	\$
CLINIC	3	9		233.39		25.93	.040		77.80	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	101	143		17,205.43		120.32	.633		170.35	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005									PA
MOP024	FEE-FOR-SERVICE/DENTAL									
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM									
	AID CODE 76									

226 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		C E
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	5	137	\$ 2,974.56	\$ 21.71	.606	\$ 594.91	\$
DURABLE MED. EQUIP.	1	1	86.60	86.60	.004	86.60	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	4	136	2,887.96	21.24	.602	721.99	
AMBULANCES/AIR TRANS	4	135	1,612.96	11.95	.597	403.24	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	1	1	1,275.00	1275.00	.004	1275.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	2	8	\$ 318.59	\$ 39.82	.035	\$ 159.30	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$
@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;							

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

	14,218 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	C E
@TOTAL, ALL PROVIDERS		15,346	70,082	\$ 10,755,375.46	\$ 153.47	4.929	\$ 700.86	\$
@PHYSICIANS SERVICES		5,560	15,797	\$ 1,220,220.89	\$ 77.24	1.111	\$ 219.46	\$
OUTPATIENT VISITS		2,512	5,645	296,105.07	52.45	.397	117.88	
OFFICE VISITS		344	418	16,926.73	40.49	.029	49.21	
HOME VISITS		0	0	.00	.00	.000	.00	
EMERGENCY ROOM		395	459	29,046.99	63.28	.032	73.54	
PREVENTIVE CARE		5	5	170.68	34.14	.000	34.14	
OB VISITS/COMPRE PERI		1,882	4,737	249,140.04	52.59	.333	132.38	
OTHER OUTPATIENT		21	26	820.63	31.56	.002	39.08	
INPATIENT VISITS		742	2,377	200,195.56	84.22	.167	269.81	
HOSPITAL VISITS		690	1,659	79,696.77	48.04	.117	115.50	
CRITICAL CARE		95	718	120,498.79	167.83	.050	1268.41	
SNF/ICF/TRANS IP CARE		0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES		1	0	.00	.00	.000	.00	
EXAMINATIONS		1	0	.00	.00	.000	.00	
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY		942	1,750	472,879.41	270.22	.123	502.00	
PRINCIPAL SURGEON		744	780	415,536.63	532.74	.055	558.52	
ASSISTANT SURGEON		107	107	18,939.02	177.00	.008	177.00	
ANESTHESIOLOGIST		178	863	38,403.76	44.50	.061	215.75	
OUTPATIENT SURGERY		427	758	39,071.96	51.55	.053	91.50	
PRINCIPAL SURGEON		406	655	35,004.10	53.44	.046	86.22	
ASSISTANT SURGEON		0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST		38	103	4,067.86	39.49	.007	107.05	
DIALYSIS		0	0	.00	.00	.000	.00	
PATHOLOGY		391	1,010	8,745.48	8.66	.071	22.37	
RADIOLOGY		2,160	2,873	133,539.92	46.48	.202	61.82	
PSYCHIATRY		0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION		172	306	8,267.49	27.02	.022	48.07	
OTHER SERVICES/ALL X-OVERS		697	1,078	61,416.00	56.97	.076	88.11	
@PHARMACY		3,068	7,003	\$ 209,237.02	\$ 29.88	.493	\$ 68.20	\$
PRESCRIPTION DRUGS		2,847	6,030	141,268.35	23.43	.424	49.62	
SNF/ICF		0	0	.00	.00	.000	.00	
OUTPATIENTS		2,847	6,030	141,268.35	23.43	.424	49.62	
MEDICAL SUPPLIES		442	973	67,968.67	69.85	.068	153.78	
@DENTIST		60	124	\$ 3,121.00	\$ 25.17	.009	\$ 52.02	\$
VISITS - DIAGNOSTIC		53	102	1,821.00	17.85	.007	34.36	
ORAL SURGERY		4	6	251.00	41.83	.000	62.75	
DRUGS		1	1	25.00	25.00	.000	25.00	
ANESTHESIA		0	0	.00	.00	.000	.00	
PERIODONTICS		2	1	118.00	118.00	.000	59.00	
ENDODONTICS		2	3	591.00	197.00	.000	295.50	
RESTORATIVE DENTISTRY		5	8	215.00	26.88	.001	43.00	
PROSTHETICS		0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES		0	0	.00	.00	.000	.00	
SPACE MAINTAINERS		0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES		1	1	100.00	100.00	.000	100.00	

FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	3	2	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

	14,218 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	
EYE APPLIANCES	0	0		.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$
VISITS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	
OTHER	0	0		.00	.00	.000	.00	
@HOME HEALTH AGENCY	191	255	\$	17,343.71	\$ 68.01	.018	\$ 90.80	\$
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$
PEDIATRIC NURSE PRACTITIONER	1	1	\$	53.79	\$ 53.79	.000	\$ 53.79	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$
@TOTAL HOSPITAL	4,610	19,854	\$	7,036,241.13	\$ 354.40	1.396	\$ 1526.30	\$
HOSP INPATIENT TOTAL	1,175	4,697		6,648,907.79	1415.56	.330	5658.64	
HSC HOSPITALS	911	3,401		4,586,907.67	1348.69	.239	5035.02	
NON-HSC HOSPITAL TOTAL	267	1,296		2,062,000.12	1591.05	.091	7722.85	
ACCOMMODATIONS	267	1,296		745,955.34	575.58	.091	2793.84	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	267	1,296		745,955.34	575.58	.091	2793.84	
ANCILLARIES	267	0		1,316,044.78	.00	.000	4929.01	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	3,903	15,157		387,333.34	25.55	1.066	99.24	
MEDICAL	256	353		46,254.15	131.03	.025	180.68	
SURGERY	89	112		4,606.48	41.13	.008	51.76	
PATHOLOGY	2,723	9,931		125,828.62	12.67	.698	46.21	
RADIOLOGY	1,073	1,281		101,237.93	79.03	.090	94.35	
ROOM USE	1,083	1,647		61,212.40	37.17	.116	56.52	
CROSSOVERS/ALL OTH OUTPTNT	950	1,833		48,193.76	26.29	.129	50.73	
@COUNTY HOSPITAL TOTAL	2,702	11,628	\$	2,750,588.95	\$ 236.55	.818	\$ 1017.98	\$
CO HOSPITAL INPATIENT TOTAL	720	2,095		2,518,357.61	1202.08	.147	3497.72	
HSC HOSPITALS	720	2,095		2,518,357.61	1202.08	.147	3497.72	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	

CO HOSP OUTPATIENT TOTAL	2,216	9,533	232,231.34	24.36	.670	104.80
MEDICAL	97	147	30,724.04	209.01	.010	316.74
SURGERY	23	33	1,207.67	36.60	.002	52.51
PATHOLOGY	1,651	6,765	89,038.12	13.16	.476	53.93
RADIOLOGY	565	663	46,707.34	70.45	.047	82.67
ROOM USE	662	1,051	37,374.71	35.56	.074	56.46
CROSSOVERS/ALL OTH OUTPTNT	456	874	27,179.46	31.10	.061	59.60

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

	14,218 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	2,006	8,226	\$	4,285,652.18	\$ 520.99	.579	\$ 2136.42	\$
COMM HOSP INPATIENT TOTAL	459	2,602		4,130,550.18	1587.45	.183	8999.02	
HSC HOSPITALS	194	1,306		2,068,550.06	1583.88	.092	10662.63	
NON-HSC HOSPITALS TOTAL	267	1,296		2,062,000.12	1591.05	.091	7722.85	
ACCOMMODATIONS	267	1,296		745,955.34	575.58	.091	2793.84	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	267	1,296		745,955.34	575.58	.091	2793.84	
ANCILLARIES	267	0		1,316,044.78	.00	.000	4929.01	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	1,762	5,624		155,102.00	27.58	.396	88.03	
MEDICAL	160	206		15,530.11	75.39	.014	97.06	
SURGERY	66	79		3,398.81	43.02	.006	51.50	
PATHOLOGY	1,103	3,166		36,790.50	11.62	.223	33.35	
RADIOLOGY	522	618		54,530.59	88.24	.043	104.46	
ROOM USE	433	596		23,837.69	40.00	.042	55.05	
CROSSOVERS/ALL OTH OUTPTNT	503	959		21,014.30	21.91	.067	41.78	
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	

LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	24	71	\$ 2,041.89	\$ 28.76	.005	\$ 85.08
HOSPITAL BASED	9	12	885.77	73.81	.001	98.42
INDEPENDENT FACILITY	15	59	1,156.12	19.60	.004	77.07
@LABORATORY FACILITY	2,018	4,552	\$ 92,145.73	\$ 20.24	.320	\$ 45.66
PATHOLOGY	1,989	4,515	90,252.80	19.99	.318	45.38
XO AND OTHERS	37	37	1,892.93	51.16	.003	51.16
@ORGANIZED OUTPATIENT CLINIC	8,029	19,168	\$ 2,049,580.21	\$ 106.93	1.348	\$ 255.27
CLINIC	161	610	21,143.19	34.66	.043	131.32
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	7,873	18,558	2,028,437.02	109.30	1.305	257.64
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76					

	14,218 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE - COST PER USER	C E
@ALL OTHER PROVIDERS	650	3,257	\$	125,390.09	\$ 38.50	.229	\$ 192.91	\$
DURABLE MED. EQUIP.	18	92		3,553.89	38.63	.006	197.44	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	101	2,632		66,505.36	25.27	.185	658.47	
AMBULANCES/AIR TRANS	100	2,599		34,074.15	13.11	.183	340.74	
OTHER TRANS	0	0		.00	.00	.000	.00	
OTHER SERVICES	31	33		32,431.21	982.76	.002	1046.17	
ACUPUNCTURE	0	0		.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	526	527		55,143.00	104.64	.037	104.83	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	
OPTICIAN	0	0		.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	4	4		156.60	39.15	.000	39.15	
PROSTHETICS	4	4		156.60	39.15	.000	39.15	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	2	2		31.24	15.62	.000	15.62	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	

PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	357	4,181	\$ 1,828,376.33	\$ 437.31	.294	\$ 5121.50
@XOVER EXCLUDING STATE HOSP**	3	10	\$ 229.07	\$ 22.91	.001	\$ 76.36

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
 MOP024 FEE-FOR-SERVICE/DENTAL
 MONTEREY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	248	889	\$ 59,932.82	\$ 67.42	.000	\$ 241.66	\$
@PHYSICIANS SERVICES	1	1	\$ 14.40	\$ 14.40	.000	\$ 14.40	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	1	1	14.40	14.40	.000	14.40	
@PHARMACY	42	79	\$ 13,447.36	\$ 170.22	.000	\$ 320.18	\$
PRESCRIPTION DRUGS	42	79	13,447.36	170.22	.000	320.18	
SNF/ICF	12	35	5,531.38	158.04	.000	460.95	
OUTPATIENTS	30	44	7,915.98	179.91	.000	263.87	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	89	299	\$ 11,745.79	\$ 39.28	.000	\$ 131.98	\$
VISITS - DIAGNOSTIC	57	188	2,452.25	13.04	.000	43.02	
ORAL SURGERY	12	32	1,682.00	52.56	.000	140.17	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	3	3	300.00	100.00	.000	100.00	
PERIODONTICS	2	2	236.00	118.00	.000	118.00	
ENDODONTICS	3	4	475.00	118.75	.000	158.33	

RESTORATIVE DENTISTRY	14	28	2,188.00	78.14	.000	156.29
PROSTHETICS	3	3	88.00	29.33	.000	29.33
DENTURES, STAYPLATES	20	39	4,324.54	110.89	.000	216.23
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	2	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
@TOTAL HOSPITAL	1	0	\$ 912.00	\$.00	.000	\$ 912.00	\$
HOSP INPATIENT TOTAL	1	0	912.00	.00	.000	912.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	1	0	912.00	.00	.000	912.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	

TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
MOP024	FEE-FOR-SERVICE/DENTAL					
MONTEREY COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED					
				AID CODE 16		
					----- MONTHLY AVERAGE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@COMMUNITY HOSPITAL TOTAL	1	0 \$	912.00	\$.00	.000	\$ 912.00 \$
COMM HOSP INPATIENT TOTAL	1	0	912.00	.00	.000	912.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	1	0	912.00	.00	.000	912.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@STATE HOSPITAL	0	0 \$	.00	\$.00	.000	\$.00 \$
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	1	0 \$	71.56	\$.00	.000	\$ 71.56 \$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	1	0	71.56	.00	.000	71.56
@INTERMEDIATE CARE FACIL.-DD	0	0 \$	.00	\$.00	.000	\$.00 \$
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$.00	.000	\$.00 \$
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0 \$	.00	\$.00	.000	\$.00 \$
HOSPITAL BASED	0	0	.00	.00	.000	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	\$.00
PATHOLOGY	0	0		.00		.000	.00
XO AND OTHERS	0	0		.00		.000	.00
@ORGANIZED OUTPATIENT CLINIC	42	104	\$	7,635.81	\$	73.42	\$ 181.81
CLINIC	2	20		384.60		19.23	192.30
SURGICENTER	0	0		.00		.000	.00
HEROIN DETOX CLINIC	0	0		.00		.000	.00
RURAL HEALTH CLINIC	40	84		7,251.21		86.32	181.28

#CALIF DEPT OF HEALTH SERV MOP024
MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	84	406	\$ 26,105.90	\$ 64.30	.000	\$ 310.78	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	50	329	25,225.80	76.67	.000	504.52	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	33	76	854.91	11.25	.000	25.91	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	

HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	1	1	25.19	25.19	.000	25.19
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00
@XOVER EXCLUDING STATE HOSP**	4	2	\$ 1,023.15	\$ 511.58	.000	\$ 255.79

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA

MOP024

FEE-FOR-SERVICE/DENTAL

MONTEREY COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND

AID CODES 26 6A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	C E
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL MONTEREY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A							
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA						
MOP024 FEE-FOR-SERVICE/DENTAL						
MONTEREY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A						
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00

@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00		
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00		
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0		.00		.00	.000		.00		
XO AND OTHERS	0	0		.00		.00	.000		.00		
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CLINIC	0	0		.00		.00	.000		.00		
SURGICENTER	0	0		.00		.00	.000		.00		
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005										PA
MOP024	FEE-FOR-SERVICE/DENTAL										
MONTEREY COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND										AID CODES 26 6A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	-
@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.00	\$
DURABLE MED. EQUIP.	0	0		.00		.00	
BLOOD BANK	0	0		.00		.00	
HEARING AID DISPENSERS	0	0		.00		.00	
MEDICAL TRANSPORTATION	0	0		.00		.00	
AMBULANCES/AIR TRANS	0	0		.00		.00	
OTHER TRANS	0	0		.00		.00	
OTHER SERVICES	0	0		.00		.00	
ACUPUNCTURE	0	0		.00		.00	
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	
GENETIC DISEASE TESTING	0	0		.00		.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00		.00	
OCCUPATIONAL THERAPIST	0	0		.00		.00	
OPTICIAN	0	0		.00		.00	
PHYSICAL THERAPIST	0	0		.00		.00	
PORTABLE X-RAY	0	0		.00		.00	
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	
PROSTHETICS	0	0		.00		.00	
ORTHOTICS	0	0		.00		.00	
PSYCHOLOGIST	0	0		.00		.00	
SPEECH AND AUDIOLOGY	0	0		.00		.00	
HOSPICE SERVICES	0	0		.00		.00	
NONINST BIRTHING CENTERS	0	0		.00		.00	
LOCAL EDUCATION AGENCIES	0	0		.00		.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	
RESPIRATORY CARE PRACT.	0	0		.00		.00	
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	
ALL OTHER PROVIDERS	0	0		.00		.00	
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005										PA
MOP024	FEE-FOR-SERVICE/DENTAL										

MONTEREY COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	- C F
@TOTAL, ALL PROVIDERS	368	920	\$ 136,812.46	\$ 148.71	920.000	\$ 371.77	\$13
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	249	463	\$ 114,262.20	\$ 246.79	463.000	\$ 458.88	\$11
PRESCRIPTION DRUGS	249	463	114,262.20	246.79	463.000	458.88	11

SNF/ICF	14	43	7,332.32	170.52	43.000	523.74		
OUTPATIENTS	236	420	106,929.88	254.59	420.000	453.09	10	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00		
@DENTIST	71	344	\$ 15,431.33	\$ 44.86	344.000	\$ 217.34	\$ 1	
VISITS - DIAGNOSTIC	41	188	1,811.33	9.63	188.000	44.18		
ORAL SURGERY	13	62	2,866.00	46.23	62.000	220.46		
DRUGS	1	1	15.00	15.00	1.000	15.00		
ANESTHESIA	2	2	200.00	100.00	2.000	100.00		
PERIODONTICS	4	5	527.00	105.40	5.000	131.75		
ENDODONTICS	2	2	475.00	237.50	2.000	237.50		
RESTORATIVE DENTISTRY	21	50	4,172.00	83.44	50.000	198.67		
PROSTHETICS	3	3	88.00	29.33	3.000	29.33		
DENTURES, STAYPLATES	13	31	5,277.00	170.23	31.000	405.92		
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		
ALL OTHER SERVICES	2	0	.00	.00	.000	.00		
#CALIF DEPT OF HEALTH SERV			MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
MOP024			FEE-FOR-SERVICE/DENTAL					
MONTEREY COUNTY			SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C					

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE - COST PER USER	C E
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	

PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA						
MOP024 FEE-FOR-SERVICE/DENTAL						
MONTEREY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C						
01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS COST PER PER ELIG USER	C E
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00

LEV B-REGULAR	0	0		.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	\$
ICF DDH	0	0		.00	.00	.000	.00
ICF DD	0	0		.00	.00	.000	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	\$
PATHOLOGY	0	0		.00	.00	.000	.00
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	47	69	\$	5,732.10	\$	83.07	\$
CLINIC	0	0		.00	.00	.000	.00
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	47	69		5,732.10	83.07	69.000	121.96

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
 MOP024 FEE-FOR-SERVICE/DENTAL
 MONTEREY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C E
@ALL OTHER PROVIDERS	21	44	\$ 1,386.83	\$ 31.52	44.000	\$ 66.04	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	2	5	969.18	193.84	5.000	484.59	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	19	39	417.65	10.71	39.000	21.98	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
 MOP024 FEE-FOR-SERVICE/DENTAL
 MONTEREY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
MOP024	FEE-FOR-SERVICE/DENTAL					
MONTEREY COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED					
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
OTHER	0	0	.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00
@TOTAL HOSPITAL	0	0 \$	.00	\$.00	.000	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$

LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	
LEV B-REHAB MD	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
LEV B-REGULAR	0	0		.00		.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00 \$
ICF DDH	0	0		.00		.00	.000	.00	
ICF DD	0	0		.00		.00	.000	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
PATHOLOGY	0	0		.00		.00	.000	.00	
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00 \$
CLINIC	0	0		.00		.00	.000	.00	
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	
#CALIF DEPT OF HEALTH SERV									PA
MOP024									
MONTEREY COUNTY									

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C E
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	616	1,809	\$ 196,745.28	\$ 108.76	1809.000	\$ 319.39	\$19
@PHYSICIANS SERVICES	1	1	\$ 14.40	\$ 14.40	1.000	\$ 14.40	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	1	1	14.40	14.40	1.000	14.40	
@PHARMACY	291	542	\$ 127,709.56	\$ 235.63	542.000	\$ 438.86	\$12
PRESCRIPTION DRUGS	291	542	127,709.56	235.63	542.000	438.86	12
SNF/ICF	26	78	12,863.70	164.92	78.000	494.76	1
OUTPATIENTS	266	464	114,845.86	247.51	464.000	431.75	11
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	160	643	\$ 27,177.12	\$ 42.27	643.000	\$ 169.86	\$ 2
VISITS - DIAGNOSTIC	98	376	4,263.58	11.34	376.000	43.51	
ORAL SURGERY	25	94	4,548.00	48.38	94.000	181.92	
DRUGS	1	1	15.00	15.00	1.000	15.00	
ANESTHESIA	5	5	500.00	100.00	5.000	100.00	
PERIODONTICS	6	7	763.00	109.00	7.000	127.17	

ENDODONTICS	5	6	950.00	158.33	6.000	190.00
RESTORATIVE DENTISTRY	35	78	6,360.00	81.54	78.000	181.71
PROSTHETICS	6	6	176.00	29.33	6.000	29.33
DENTURES, STAYPLATES	33	70	9,601.54	137.16	70.000	290.96
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	4	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACITOR	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
@TOTAL HOSPITAL	1	0	\$ 912.00	\$.00	.000	\$ 912.00	\$
HOSP INPATIENT TOTAL	1	0	912.00	.00	.000	912.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	1	0	912.00	.00	.000	912.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	1	0	\$ 912.00	\$.00	.000	\$ 912.00	\$
COMM HOSP INPATIENT TOTAL	1	0	912.00	.00	.000	912.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	1	0	912.00	.00	.000	912.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$
MENTALLY ILL	0	0		.00		.00	.000	
DEVELOP. DISABLED	0	0		.00		.00	.000	
@NURSING FACILITY	1	0	\$	71.56	\$	.00	.000	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000	
LEV B-REHAB MD	0	0		.00		.00	.000	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	
LEV B-REGULAR	1	0		71.56		.00	.000	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$
ICF DDH	0	0		.00		.00	.000	
ICF DD	0	0		.00		.00	.000	
ICF DDN/DDCN	0	0		.00		.00	.000	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$
HOSPITAL BASED	0	0		.00		.00	.000	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$
HOSPITAL BASED	0	0		.00		.00	.000	
INDEPENDENT FACILITY	0	0		.00		.00	.000	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$
PATHOLOGY	0	0		.00		.00	.000	
XO AND OTHERS	0	0		.00		.00	.000	
@ORGANIZED OUTPATIENT CLINIC	89	173	\$	13,367.91	\$	77.27	173.000	\$
CLINIC	2	20		384.60		19.23	20.000	
SURGICENTER	0	0		.00		.00	.000	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	
RURAL HEALTH CLINIC	87	153		12,983.31		84.86	153.000	
#CALIF DEPT OF HEALTH SERV								
MOP024								
MONTEREY COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@ALL OTHER PROVIDERS	105	450	\$ 27,492.73	\$ 61.09	450.000	\$ 261.84	\$ 2
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	52	334	26,194.98	78.43	334.000	503.75	2
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	52	115	1,272.56	11.07	115.000	24.47	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	

SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	1	1	25.19	25.19	1.000	25.19
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00
@XOVER EXCLUDING STATE HOSP**	4	2	\$ 1,023.15	\$ 511.58	2.000	\$ 255.79

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE - COST PER USER	C E
@TOTAL, ALL PROVIDERS	674	3,228	\$ 223,589.05	\$ 69.27	807.000	\$ 331.73	\$ 5
@PHYSICIANS SERVICES	1	2	\$ 3.29	\$ 1.65	.500	\$ 3.29	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	1	2	3.29	1.65	.500	3.29	
@PHARMACY	120	167	\$ 21,413.09	\$ 128.22	41.750	\$ 178.44	\$
PRESCRIPTION DRUGS	120	167	21,413.09	128.22	41.750	178.44	
SNF/ICF	6	6	911.22	151.87	1.500	151.87	
OUTPATIENTS	114	161	20,501.87	127.34	40.250	179.84	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	110	430	\$ 19,376.38	\$ 45.06	107.500	\$ 176.15	\$

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C F
VISITS - DIAGNOSTIC	67	248	2,838.08	11.44	62.000	42.36	
ORAL SURGERY	16	42	2,624.50	62.49	10.500	164.03	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	4	4	300.00	75.00	1.000	75.00	
PERIODONTICS	2	2	160.75	80.38	.500	80.38	
ENDODONTICS	3	3	805.00	268.33	.750	268.33	
RESTORATIVE DENTISTRY	19	45	3,738.05	83.07	11.250	196.74	
PROSTHETICS	2	2	60.00	30.00	.500	30.00	
DENTURES, STAYPLATES	28	85	8,850.00	104.12	21.250	316.07	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	1	1CR	.00	.00	.250CR	.00	
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL MONTEREY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18							
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
@TOTAL HOSPITAL	3	5	\$ 1,841.53	\$ 368.31	1.250	\$ 613.84	\$
HOSP INPATIENT TOTAL	2	0	1,824.00	.00	.000	912.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	2	0	1,824.00	.00	.000	912.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	1	5	17.53	3.51	1.250	17.53	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	1	5	17.53	3.51	1.250	17.53	

@COUNTY HOSPITAL TOTAL	1	5	\$	17.53	\$	3.51	1.250	\$	17.53	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	1	5		17.53		3.51	1.250		17.53	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	1	5		17.53		3.51	1.250		17.53	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	2	0	\$ 1,824.00	\$.00	.000	\$ 912.00	\$
COMM HOSP INPATIENT TOTAL	2	0	1,824.00	.00	.000	912.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	2	0	1,824.00	.00	.000	912.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	

ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	\$
PATHOLOGY	0	0		.00	.00	.000	.00
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	108	240	\$	16,402.30	\$	68.34	\$
CLINIC	3	55		1,057.65		19.23	
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	105	185		15,344.65		82.94	
#CALIF DEPT OF HEALTH SERV							
MOP024							
MONTEREY COUNTY							

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED

AID CODE 18

----- MONTHLY AVERAGE -

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	369	2,384	\$ 164,552.46	\$ 69.02	596.000	\$ 445.94	\$ 4
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	2	10	706.24	70.62	2.500	353.12	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	312	2,244	162,383.21	72.36	561.000	520.46	4
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	55	130	1,463.01	11.25	32.500	26.60	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	

PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00
@XOVER EXCLUDING STATE HOSP**	4	7	\$ 1,844.82	\$ 263.55	1.750	\$ 461.21

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
 MOP024 FEE-FOR-SERVICE/DENTAL
 MONTEREY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE - COST PER USER	- C E
@TOTAL, ALL PROVIDERS	5	14	\$ 172.59	\$ 12.33	.000	\$ 34.52	\$
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$

PRESCRIPTION DRUGS	0	0		.00		.00	.000	.00
SNF/ICF	0	0		.00		.00	.000	.00
OUTPATIENTS	0	0		.00		.00	.000	.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00
@DENTIST	3	11	\$	52.00	\$	4.73	.000	\$ 17.33
VISITS - DIAGNOSTIC	2	10		52.00		5.20	.000	26.00
ORAL SURGERY	0	0		.00		.00	.000	.00
DRUGS	0	0		.00		.00	.000	.00
ANESTHESIA	0	0		.00		.00	.000	.00
PERIODONTICS	0	0		.00		.00	.000	.00
ENDODONTICS	0	0		.00		.00	.000	.00
RESTORATIVE DENTISTRY	1	1		.00		.00	.000	.00
PROSTHETICS	0	0		.00		.00	.000	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	

SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
MONTEREY COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND					
	AID CODE 28					

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE -			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	

LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00 \$
ICF DDH	0	0		.00		.00	.000	.00
ICF DD	0	0		.00		.00	.000	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00 \$
PATHOLOGY	0	0		.00		.00	.000	.00
XO AND OTHERS	0	0		.00		.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	94.51	\$	94.51	.000	\$ 94.51 \$
CLINIC	0	0		.00		.00	.000	.00
SURGICENTER	0	0		.00		.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00
RURAL HEALTH CLINIC	1	1		94.51		94.51	.000	94.51

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	1	2	\$ 26.08	\$ 13.04	.000	\$ 26.08	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	1	2	26.08	13.04	.000	26.08	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
 MOP024 FEE-FOR-SERVICE/DENTAL
 MONTEREY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@TOTAL, ALL PROVIDERS	431	21,499	\$ 166,962.85	\$ 7.77	3071.286	\$ 387.38	\$ 2
@PHYSICIANS SERVICES	8	16	\$ 1,431.48	\$ 89.47	2.286	\$ 178.94	\$
OUTPATIENT VISITS	4	6	637.64	106.27	.857	159.41	
OFFICE VISITS	3	5	486.65	97.33	.714	162.22	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	1	1	150.99	150.99	.143	150.99	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	1	1	53.69	53.69	.143	53.69	
EXAMINATIONS	1	1	53.69	53.69	.143	53.69	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	1	2	234.81	117.41	.286	234.81	
PRINCIPAL SURGEON	1	2	234.81	117.41	.286	234.81	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	

RADIOLOGY	1	2		32.23		16.12	.286	32.23	
PSYCHIATRY	0	0		.00		.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	3	5		473.11		94.62	.714	157.70	
@PHARMACY	213	12,342	\$	85,890.05	\$	6.96	1763.143	\$ 403.24	\$ 1
PRESCRIPTION DRUGS	189	367		79,394.15		216.33	52.429	420.07	1
SNF/ICF	4	8		662.06		82.76	1.143	165.52	
OUTPATIENTS	187	359		78,732.09		219.31	51.286	421.03	1
MEDICAL SUPPLIES	38	11,975		6,495.90		.54	1710.714	170.94	
@DENTIST	64	241	\$	9,037.94	\$	37.50	34.429	\$ 141.22	\$
VISITS - DIAGNOSTIC	45	155		1,776.94		11.46	22.143	39.49	
ORAL SURGERY	10	32		1,831.00		57.22	4.571	183.10	
DRUGS	0	0		.00		.00	.000	.00	
ANESTHESIA	1	1		100.00		100.00	.143	100.00	
PERIODONTICS	5	5		590.00		118.00	.714	118.00	
ENDODONTICS	3	3		990.00		330.00	.429	330.00	
RESTORATIVE DENTISTRY	13	27		1,533.00		56.78	3.857	117.92	
PROSTHETICS	2	2		80.00		40.00	.286	40.00	
DENTURES, STAYPLATES	6	13		2,137.00		164.38	1.857	356.17	
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	
ALL OTHER SERVICES	3	3		.00		.00	.429	.00	

#CALIF DEPT OF HEALTH SERV MOP024
MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
@TOTAL HOSPITAL	7	16	\$ 3,327.67	\$ 207.98	2.286	\$ 475.38	\$
HOSP INPATIENT TOTAL	3	0	2,614.97	.00	.000	871.66	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	

ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	3	0	2,614.97	.00	.000	871.66
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	4	16	712.70	44.54	2.286	178.18
MEDICAL	3	4	163.68	40.92	.571	54.56
SURGERY	1	1	121.52	121.52	.143	121.52
PATHOLOGY	1	3	76.00	25.33	.429	76.00
RADIOLOGY	1	1	104.02	104.02	.143	104.02
ROOM USE	3	3	114.48	38.16	.429	38.16
CROSSOVERS/ALL OTH OUTPTNT	2	4	133.00	33.25	.571	66.50
@COUNTY HOSPITAL TOTAL	1	2	\$ 90.65	\$ 45.33	.286	\$ 90.65
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	1	2	90.65	45.33	.286	90.65
MEDICAL	1	2	90.65	45.33	.286	90.65
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
MONTEREY COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED					
	AID CODE 68					
	----- MONTHLY AVERAGE -					
07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@COMMUNITY HOSPITAL TOTAL	6	14	\$ 3,237.02	\$ 231.22	2.000	\$ 539.50
COMM HOSP INPATIENT TOTAL	3	0	2,614.97	.00	.000	871.66
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	3	0	2,614.97	.00	.000	871.66
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	3	14	622.05	44.43	2.000	207.35
MEDICAL	2	2	73.03	36.52	.286	36.52
SURGERY	1	1	121.52	121.52	.143	121.52
PATHOLOGY	1	3	76.00	25.33	.429	76.00
RADIOLOGY	1	1	104.02	104.02	.143	104.02
ROOM USE	3	3	114.48	38.16	.429	38.16
CROSSOVERS/ALL OTH OUTPTNT	2	4	133.00	33.25	.571	66.50
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00

@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	16	215	\$	3,411.84	\$	15.87	30.714	\$	213.24	\$
HOSPITAL BASED	1	1		94.74		94.74	.143		94.74	
INDEPENDENT FACILITY	15	214		3,317.10		15.50	30.571		221.14	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0		.00		.00	.000		.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	82	220	\$	11,107.14	\$	50.49	31.429	\$	135.45	\$
CLINIC	5	105		2,019.15		19.23	15.000		403.83	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	77	115		9,087.99		79.03	16.429		118.03	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C F			
@ALL OTHER PROVIDERS	84	8,449	\$	52,756.73	\$	6.24	1207.000	\$	628.06	\$
DURABLE MED. EQUIP.	5	18		1,872.25		104.01	2.571		374.45	
BLOOD BANK	0	0		.00		.00	.000		.00	
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00	
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00	
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00	
OTHER TRANS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
ACUPUNCTURE	0	0		.00		.00	.000		.00	
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00	
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	14	1,481		36,588.86		24.71	211.571		2613.49	
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00	
OPTICIAN	24	51		552.10		10.83	7.286		23.00	
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00	
PORTABLE X-RAY	0	0		.00		.00	.000		.00	
PROSTHETIST/ORTHOTISTS	1	2		26.88		13.44	.286		26.88	
PROSTHETICS	1	2		26.88		13.44	.286		26.88	
ORTHOTICS	0	0		.00		.00	.000		.00	
PSYCHOLOGIST	0	0		.00		.00	.000		.00	
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00	
HOSPICE SERVICES	0	0		.00		.00	.000		.00	
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00	
LOCAL EDUCATION AGENCIES	34	6,689		12,928.71		1.93	955.571		380.26	

EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	10	208	787.93	3.79	29.714	78.79
@CALIF. CHILDREN SERVICES*	79	12,536	\$ 33,931.33	\$ 2.71	1790.857	\$ 429.51
@XOVER EXCLUDING STATE HOSP**	6	3	\$ 2,630.60	\$ 876.87	.429	\$ 438.43

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@TOTAL, ALL PROVIDERS	1,110	24,741	\$ 390,724.49	\$ 15.79	2249.182	\$ 352.00	\$ 3
@PHYSICIANS SERVICES	9	18	\$ 1,434.77	\$ 79.71	1.636	\$ 159.42	\$
OUTPATIENT VISITS	4	6	637.64	106.27	.545	159.41	
OFFICE VISITS	3	5	486.65	97.33	.455	162.22	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	1	1	150.99	150.99	.091	150.99	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	1	1	53.69	53.69	.091	53.69	
EXAMINATIONS	1	1	53.69	53.69	.091	53.69	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	1	2	234.81	117.41	.182	234.81	
PRINCIPAL SURGEON	1	2	234.81	117.41	.182	234.81	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	1	2	32.23	16.12	.182	32.23	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	4	7	476.40	68.06	.636	119.10	
@PHARMACY	333	12,509	\$ 107,303.14	\$ 8.58	1137.182	\$ 322.23	\$
PRESCRIPTION DRUGS	309	534	100,807.24	188.78	48.545	326.24	
SNF/ICF	10	14	1,573.28	112.38	1.273	157.33	
OUTPATIENTS	301	520	99,233.96	190.83	47.273	329.68	
MEDICAL SUPPLIES	38	11,975	6,495.90	.54	1088.636	170.94	
@DENTIST	177	682	\$ 28,466.32	\$ 41.74	62.000	\$ 160.83	\$
VISITS - DIAGNOSTIC	114	413	4,667.02	11.30	37.545	40.94	
ORAL SURGERY	26	74	4,455.50	60.21	6.727	171.37	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	5	5	400.00	80.00	.455	80.00	

PERIODONTICS	7	7	750.75	107.25	.636	107.25
ENDODONTICS	6	6	1,795.00	299.17	.545	299.17
RESTORATIVE DENTISTRY	33	73	5,271.05	72.21	6.636	159.73
PROSTHETICS	4	4	140.00	35.00	.364	35.00
DENTURES, STAYPLATES	34	98	10,987.00	112.11	8.909	323.15
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	4	2	.00	.00	.182	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS COST PER PER ELIG USER	C E
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000 .00	
EYE APPLIANCES	0	0	.00	.00	.000 .00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00	\$
VISITS	0	0	.00	.00	.000 .00	
OTHER SERVICES	0	0	.00	.00	.000 .00	
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00	
SURGERY/ANES.	0	0	.00	.00	.000 .00	
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00	
OTHER	0	0	.00	.00	.000 .00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00	\$
NURSE ANESTHESIST	0	0	.00	.00	.000 \$.00	\$
NURSE MIDWIFE	0	0	.00	.00	.000 \$.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000 \$.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000 \$.00	\$
@TOTAL HOSPITAL	10	21	\$ 5,169.20	\$ 246.15	1.909 \$ 516.92	\$
HOSP INPATIENT TOTAL	5	0	4,438.97	.00	.000 887.79	
HSC HOSPITALS	0	0	.00	.00	.000 .00	

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	5	0	4,438.97	.00	.000	887.79
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	5	21	730.23	34.77	1.909	146.05
MEDICAL	3	4	163.68	40.92	.364	54.56
SURGERY	1	1	121.52	121.52	.091	121.52
PATHOLOGY	1	3	76.00	25.33	.273	76.00
RADIOLOGY	1	1	104.02	104.02	.091	104.02
ROOM USE	3	3	114.48	38.16	.273	38.16
CROSSOVERS/ALL OTH OUTPTNT	3	9	150.53	16.73	.818	50.18
@COUNTY HOSPITAL TOTAL	2	7	\$ 108.18	\$ 15.45	.636	\$ 54.09
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	2	7	108.18	15.45	.636	54.09
MEDICAL	1	2	90.65	45.33	.182	90.65
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	1	5	17.53	3.51	.455	17.53

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C F
@COMMUNITY HOSPITAL TOTAL	8	14	\$ 5,061.02	\$ 361.50	1.273	\$ 632.63	\$
COMM HOSP INPATIENT TOTAL	5	0	4,438.97	.00	.000	887.79	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	5	0	4,438.97	.00	.000	887.79	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	3	14	622.05	44.43	1.273	207.35	
MEDICAL	2	2	73.03	36.52	.182	36.52	
SURGERY	1	1	121.52	121.52	.091	121.52	
PATHOLOGY	1	3	76.00	25.33	.273	76.00	
RADIOLOGY	1	1	104.02	104.02	.091	104.02	

ROOM USE	3	3		114.48		38.16	.273	38.16	
CROSSOVERS/ALL OTH OUTPTNT	2	4		133.00		33.25	.364	66.50	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	\$
MENTALLY ILL	0	0		.00		.00	.000	.00	
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	.00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	
LEV B-REHAB MD	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
LEV B-REGULAR	0	0		.00		.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	\$
ICF DDH	0	0		.00		.00	.000	.00	
ICF DD	0	0		.00		.00	.000	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	
@REHABILITATION FACILITY	16	215	\$	3,411.84	\$	15.87	19.545	213.24	\$
HOSPITAL BASED	1	1		94.74		94.74	.091	94.74	
INDEPENDENT FACILITY	15	214		3,317.10		15.50	19.455	221.14	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	.00	\$
PATHOLOGY	0	0		.00		.00	.000	.00	
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	191	461	\$	27,603.95	\$	59.88	41.909	144.52	\$
CLINIC	8	160		3,076.80		19.23	14.545	384.60	
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	183	301		24,527.15		81.49	27.364	134.03	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER	PER ELIG	USER	C E
@ALL OTHER PROVIDERS	454	10,835	\$ 217,335.27	\$ 20.06	985.000	\$ 478.71	\$ 1	
DURABLE MED. EQUIP.	5	18	1,872.25	104.01	1.636	374.45		
BLOOD BANK	0	0	.00	.00	.000	.00		
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00		
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00		
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00		
OTHER TRANS	0	0	.00	.00	.000	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00		
ACUPUNCTURE	0	0	.00	.00	.000	.00		
ADULT DAY HEALTH CARE CTR	2	10	706.24	70.62	.909	353.12		
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		
IHMC,MODEL-NF,NF,AIDS,MSSP	326	3,725	198,972.07	53.42	338.636	610.34	1	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		
OPTICIAN	80	183	2,041.19	11.15	16.636	25.51		
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		
PORTABLE X-RAY	0	0	.00	.00	.000	.00		
PROSTHETIST/ORTHOTISTS	1	2	26.88	13.44	.182	26.88		
PROSTHETICS	1	2	26.88	13.44	.182	26.88		
ORTHOTICS	0	0	.00	.00	.000	.00		

PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	34	6,689	12,928.71	1.93	608.091	380.26
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	10	208	787.93	3.79	18.909	78.79
@CALIF. CHILDREN SERVICES*	79	12,536	\$ 33,931.33	\$ 2.71	1139.636	\$ 429.51
@XOVER EXCLUDING STATE HOSP**	10	10	\$ 4,475.42	\$ 447.54	.909	\$ 447.54

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

143 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER	PER ELIG	USER	- C F
@TOTAL, ALL PROVIDERS	5,091	26,824	\$ 1,144,970.11	\$ 42.68	187.580	\$ 224.90	\$	
@PHYSICIANS SERVICES	37	102	\$ 1,422.61	\$ 13.95	.713	\$ 38.45	\$	
OUTPATIENT VISITS	1	1	37.50	37.50	.007	37.50		
OFFICE VISITS	1	1	37.50	37.50	.007	37.50		
HOME VISITS	0	0	.00	.00	.000	.00		
EMERGENCY ROOM	0	0	.00	.00	.000	.00		
PREVENTIVE CARE	0	0	.00	.00	.000	.00		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		
INPATIENT VISITS	0	0	.00	.00	.000	.00		
HOSPITAL VISITS	0	0	.00	.00	.000	.00		
CRITICAL CARE	0	0	.00	.00	.000	.00		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00		
EXAMINATIONS	0	0	.00	.00	.000	.00		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		
DIALYSIS	0	0	.00	.00	.000	.00		
PATHOLOGY	0	0	.00	.00	.000	.00		
RADIOLOGY	0	0	.00	.00	.000	.00		
PSYCHIATRY	0	0	.00	.00	.000	.00		
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		
OTHER SERVICES/ALL X-OVERS	37	101	1,385.11	13.71	.706	37.44		
@PHARMACY	824	1,423	\$ 169,187.07	\$ 118.89	9.951	\$ 205.32	\$	
PRESCRIPTION DRUGS	819	1,407	168,734.69	119.93	9.839	206.03		
SNF/ICF	113	196	22,003.28	112.26	1.371	194.72		
OUTPATIENTS	706	1,211	146,731.41	121.17	8.469	207.83		
MEDICAL SUPPLIES	13	16	452.38	28.27	.112	34.80		

@DENTIST	1,205	5,039	\$	213,703.23	\$	42.41	35.238	\$	177.35	\$	
VISITS - DIAGNOSTIC	812	3,197		37,281.55		11.66	22.357		45.91		
ORAL SURGERY	215	671		34,563.95		51.51	4.692		160.76		
DRUGS	0	0		.00		.00	.000		.00		
ANESTHESIA	16	17		1,400.00		82.35	.119		87.50		
PERIODONTICS	56	59		5,902.50		100.04	.413		105.40		
ENDODONTICS	56	71		14,565.44		205.15	.497		260.10		
RESTORATIVE DENTISTRY	194	442		31,302.50		70.82	3.091		161.35		
PROSTHETICS	26	27		736.00		27.26	.189		28.31		
DENTURES, STAYPLATES	231	532		87,951.29		165.32	3.720		380.74		
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		
ALL OTHER SERVICES	43	23		.00		.00	.161		.00		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005										PA
MOP024	FEE-FOR-SERVICE/DENTAL										
MONTEREY COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED										

143 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	1	3	\$ 50.16	\$ 16.72	.021	\$ 50.16	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	1	3	50.16	16.72	.021	50.16	
@PODIATRIST	1	1	\$ 24.00	\$ 24.00	.007	\$ 24.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	1	1	24.00	24.00	.007	24.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	21	61	\$ 10,869.85	\$ 178.19	.427	\$ 517.61	\$
HOSP INPATIENT TOTAL	10	4	9,618.59	2404.65	.028	961.86	
HSC HOSPITALS	1	4	2,852.33	713.08	.028	2852.33	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	9	0	6,766.26	.00	.000	751.81	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	11	57	1,251.26	21.95	.399	113.75	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	

CROSSOVERS/ALL OTH OUTPTNT	11	57		1,251.26		21.95	.399	113.75
@COUNTY HOSPITAL TOTAL	4	15	\$	80.27	\$	5.35	.105	\$ 20.07
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00
ANCILLARIES	0	0		.00		.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00
CO HOSP OUTPATIENT TOTAL	4	15		80.27		5.35	.105	20.07
MEDICAL	0	0		.00		.00	.000	.00
SURGERY	0	0		.00		.00	.000	.00
PATHOLOGY	0	0		.00		.00	.000	.00
RADIOLOGY	0	0		.00		.00	.000	.00
ROOM USE	0	0		.00		.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	4	15		80.27		5.35	.105	20.07

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

143 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	17	46	\$ 10,789.58	\$ 234.56	.322	\$ 634.68	\$
COMM HOSP INPATIENT TOTAL	10	4	9,618.59	2404.65	.028	961.86	
HSC HOSPITALS	1	4	2,852.33	713.08	.028	2852.33	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	9	0	6,766.26	.00	.000	751.81	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	

COMM HOSP OUTPATIENT TOTAL	7	42		1,170.99	27.88	.294	167.28	
MEDICAL	0	0		.00	.00	.000	.00	
SURGERY	0	0		.00	.00	.000	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	
ROOM USE	0	0		.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	7	42		1,170.99	27.88	.294	167.28	
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	13	410	\$	49,197.50	\$ 119.99	2.867	\$ 3784.42	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	13	410		49,197.50	119.99	2.867	3784.42	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	4	12	\$	1,274.20	\$ 106.18	.084	\$ 318.55	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	4	12		1,274.20	106.18	.084	318.55	
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$
PATHOLOGY	0	0		.00	.00	.000	.00	
XO AND OTHERS	0	0		.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	1,484	2,709	\$	207,945.61	\$ 76.76	18.944	\$ 140.13	\$
CLINIC	15	261		5,019.03	19.23	1.825	334.60	
SURGICENTER	1	2		14.52	7.26	.014	14.52	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	
RURAL HEALTH CLINIC	1,468	2,446		202,912.06	82.96	17.105	138.22	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

143 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	1,721	17,064	\$ 491,295.88	\$ 28.79	119.329	\$ 285.47	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	1	11	60.70	5.52	.077	60.70	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	1	11	60.70	5.52	.077	60.70	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	15	192	13,380.24	69.69	1.343	892.02	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	908	5,268	454,994.08	86.37	36.839	501.09	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	777	1,754	20,009.28	11.41	12.266	25.75	

PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	29	9,839	2,851.58	.29	68.804	98.33
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00
@XOVER EXCLUDING STATE HOSP**	89	243	12,489.28	51.40	1.699	140.33

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL		
MONTEREY COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND		

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	507	25,451	\$ 245,425.27	\$ 9.64	4241.833	\$ 484.07	\$ 4
@PHYSICIANS SERVICES	24	48	\$ 2,588.56	\$ 53.93	8.000	\$ 107.86	\$
OUTPATIENT VISITS	15	21	1,390.99	66.24	3.500	92.73	
OFFICE VISITS	11	15	1,099.70	73.31	2.500	99.97	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	4	6	291.29	48.55	1.000	72.82	
INPATIENT VISITS	2	4	323.32	80.83	.667	161.66	
HOSPITAL VISITS	2	4	323.32	80.83	.667	161.66	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	2	2	107.38	53.69	.333	53.69	
EXAMINATIONS	2	2	107.38	53.69	.333	53.69	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	1	9	299.84	33.32	1.500	299.84	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	1	9	299.84	33.32	1.500	299.84	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	3	7	138.83	19.83	1.167	46.28	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	4	5	328.20	65.64	.833	82.05	

@PHARMACY	148	16,279	\$	79,936.61	\$	4.91	2713.167	\$	540.11	\$	1
PRESCRIPTION DRUGS	122	354		69,625.96		196.68	59.000		570.70		1
SNF/ICF	0	0		.00		.00	.000		.00		
OUTPATIENTS	122	354		69,625.96		196.68	59.000		570.70		1
MEDICAL SUPPLIES	53	15,925		10,310.65		.65	2654.167		194.54		
@DENTIST	96	469	\$	15,049.68	\$	32.09	78.167	\$	156.77	\$	
VISITS - DIAGNOSTIC	75	353		3,542.88		10.04	58.833		47.24		
ORAL SURGERY	13	42		2,539.00		60.45	7.000		195.31		
DRUGS	0	0		.00		.00	.000		.00		
ANESTHESIA	1	1		100.00		100.00	.167		100.00		
PERIODONTICS	6	9		413.00		45.89	1.500		68.83		
ENDODONTICS	0	0		.00		.00	.000		.00		
RESTORATIVE DENTISTRY	16	26		1,818.00		69.92	4.333		113.63		
PROSTHETICS	3	3		57.00		19.00	.500		19.00		
DENTURES, STAYPLATES	11	31		6,579.80		212.25	5.167		598.16		
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		
ALL OTHER SERVICES	4	4		.00		.00	.667		.00		

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACITOR	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	22	2,702	\$ 78,914.44	\$ 29.21	450.333	\$ 3587.02	\$ 1
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	29	108	\$ 3,879.40	\$ 35.92	18.000	\$ 133.77	\$
HOSP INPATIENT TOTAL	0	0	196.46CR	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	196.46CR	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	29	108	4,075.86	37.74	18.000	140.55	

MEDICAL	13	14	627.14	44.80	2.333	48.24
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	4	26	292.38	11.25	4.333	73.10
RADIOLOGY	7	11	1,502.40	136.58	1.833	214.63
ROOM USE	13	16	572.32	35.77	2.667	44.02
CROSSOVERS/ALL OTH OUTPTNT	13	41	1,081.62	26.38	6.833	83.20
@COUNTY HOSPITAL TOTAL	4	12	\$ 1,124.89	\$ 93.74	2.000	\$ 281.22
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	4	12	1,124.89	93.74	2.000	281.22
MEDICAL	3	4	289.43	72.36	.667	96.48
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	2	2	654.46	327.23	.333	327.23
ROOM USE	3	3	134.22	44.74	.500	44.74
CROSSOVERS/ALL OTH OUTPTNT	3	3	46.78	15.59	.500	15.59

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE - COST PER USER	- C E
@COMMUNITY HOSPITAL TOTAL	25	96	\$ 2,754.51	\$ 28.69	16.000	\$ 110.18	\$
COMM HOSP INPATIENT TOTAL	0	0	196.46CR	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	196.46CR	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	25	96	2,950.97	30.74	16.000	118.04	
MEDICAL	10	10	337.71	33.77	1.667	33.77	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	4	26	292.38	11.25	4.333	73.10	
RADIOLOGY	5	9	847.94	94.22	1.500	169.59	
ROOM USE	10	13	438.10	33.70	2.167	43.81	
CROSSOVERS/ALL OTH OUTPTNT	10	38	1,034.84	27.23	6.333	103.48	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
LEV B-REGULAR	0	0		.00		.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00 \$
ICF DDH	0	0		.00		.00	.000	.00	
ICF DD	0	0		.00		.00	.000	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	
@REHABILITATION FACILITY	15	45	\$	1,099.23	\$	24.43	7.500	\$	73.28 \$
HOSPITAL BASED	1	1		94.74		94.74	.167		94.74
INDEPENDENT FACILITY	14	44		1,004.49		22.83	7.333		71.75
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
PATHOLOGY	0	0		.00		.00	.000	.00	
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	170	239	\$	18,820.77	\$	78.75	39.833	\$	110.71 \$
CLINIC	0	0		.00		.00	.000	.00	
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	170	239		18,820.77		78.75	39.833		110.71

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@ALL OTHER PROVIDERS	124	5,561	\$ 45,136.58	\$ 8.12	926.833	\$ 364.00	\$
DURABLE MED. EQUIP.	19	72	9,741.47	135.30	12.000	512.71	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	26	271	16,084.52	59.35	45.167	618.64
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	26	57	3,845.18	67.46	9.500	147.89
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	2	4	835.40	208.85	.667	417.70
PROSTHETICS	2	4	835.40	208.85	.667	417.70
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	59	5,157	14,630.01	2.84	859.500	247.97
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	127	19,142	\$ 148,809.55	\$ 7.77	3190.333	\$ 1171.73 \$ 2
@XOVER EXCLUDING STATE HOSP**	2	8	\$ 115.48CR	\$ 14.44CR	1.333	\$ 57.74CR\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

536 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE - COST PER USER	C E
@TOTAL, ALL PROVIDERS	29,160	483,689	\$ 12,893,202.53	\$ 26.66	902.405	\$ 442.15	\$ 2
@PHYSICIANS SERVICES	1,225	4,495	\$ 312,790.57	\$ 69.59	8.386	\$ 255.34	\$
OUTPATIENT VISITS	611	825	47,881.95	58.04	1.539	78.37	
OFFICE VISITS	316	420	26,012.72	61.94	.784	82.32	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	92	92	8,270.76	89.90	.172	89.90	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	2CR	16.82CR	8.41	.004CR	.00	
OTHER OUTPATIENT	230	315	13,615.29	43.22	.588	59.20	
INPATIENT VISITS	180	992	83,574.01	84.25	1.851	464.30	
HOSPITAL VISITS	167	861	59,354.98	68.94	1.606	355.42	
CRITICAL CARE	33	130	24,205.33	186.19	.243	733.49	
SNF/ICF/TRANS IP CARE	1	1	13.70	13.70	.002	13.70	
OPHTHALMOLOGICAL SERVICES	34	41	1,961.10	47.83	.076	57.68	
EXAMINATIONS	34	41	1,961.10	47.83	.076	57.68	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	102	672	60,827.59	90.52	1.254	596.35	
PRINCIPAL SURGEON	74	97	41,809.74	431.03	.181	565.00	
ASSISTANT SURGEON	2	2	507.10	253.55	.004	253.55	
ANESTHESIOLOGIST	54	573	18,510.75	32.30	1.069	342.79	
OUTPATIENT SURGERY	150	534	40,066.98	75.03	.996	267.11	
PRINCIPAL SURGEON	83	125	24,782.39	198.26	.233	298.58	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	74	409	15,284.59	37.37	.763	206.55	
DIALYSIS	4	11	1,167.92	106.17	.021	291.98	

PATHOLOGY	31	111		3,034.12	27.33	.207	97.87	
RADIOLOGY	233	412		19,339.91	46.94	.769	83.00	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	393	897		54,936.99	61.25	1.674	139.79	
@PHARMACY	13,387	188,345	\$	7,185,076.51	\$ 38.15	351.390	\$ 536.72	\$ 1
PRESCRIPTION DRUGS	13,048	28,199		6,278,404.79	222.65	52.610	481.18	1
SNF/ICF	398	1,215		235,044.87	193.45	2.267	590.57	
OUTPATIENTS	12,680	26,984		6,043,359.92	223.96	50.343	476.61	1
MEDICAL SUPPLIES	737	160,146		906,671.72	5.66	298.780	1230.22	
@DENTIST	4,568	20,891	\$	668,122.34	\$ 31.98	38.976	\$ 146.26	\$
VISITS - DIAGNOSTIC	3,270	14,079		166,545.47	11.83	26.267	50.93	
ORAL SURGERY	690	1,798		108,997.63	60.62	3.354	157.97	
DRUGS	108	122		2,415.00	19.80	.228	22.36	
ANESTHESIA	67	66		6,230.00	94.39	.123	92.99	
PERIODONTICS	253	267		28,013.25	104.92	.498	110.72	
ENDODONTICS	234	345		62,514.69	181.20	.644	267.16	
RESTORATIVE DENTISTRY	1,208	3,017		172,674.71	57.23	5.629	142.94	
PROSTHETICS	47	51		1,289.50	25.28	.095	27.44	
DENTURES, STAYPLATES	326	949		115,981.60	122.21	1.771	355.77	
SPACE MAINTAINERS	9	9		1,231.00	136.78	.017	136.78	
MAXILLOFACIAL SERVICES	7	12		725.00	60.42	.022	103.57	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	20	35		1,404.50	40.13	.065	70.23	
ALL OTHER SERVICES	182	141		99.99	.71	.263	.55	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

536 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C F
@OPTOMETRIST	6	15	\$ 325.89	\$ 21.73	.028	\$ 54.32	\$
DIAGNOSTIC AND ANC. PROCED	4	5	165.77	33.15	.009	41.44	
EYE APPLIANCES	4	10	160.12	16.01	.019	40.03	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	2	2	\$ 33.44	\$ 16.72	.004	\$ 16.72	\$
VISITS	2	2	33.44	16.72	.004	16.72	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	5	6	\$ 108.44	\$ 18.07	.011	\$ 21.69	\$
MEDICINE/INJECTIONS	4	4	96.00	24.00	.007	24.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	1	2	12.44	6.22	.004	12.44	
@HOME HEALTH AGENCY	88	385	\$ 24,710.17	\$ 64.18	.718	\$ 280.80	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	\$
NURSE MIDWIFE	2	3	\$ 76.72	\$ 25.57	.006	\$ 38.36	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	1,282	7,900	\$ 2,363,619.29	\$ 299.19	14.739	\$ 1843.70	\$
HOSP INPATIENT TOTAL	248	1,129	1,981,821.73	1755.38	2.106	7991.22	
HSC HOSPITALS	174	1,012	1,700,769.84	1680.60	1.888	9774.54	
NON-HSC HOSPITAL TOTAL	19	117	237,105.20	2026.54	.218	12479.22	
ACCOMMODATIONS	19	117	89,115.45	761.67	.218	4690.29	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	

ALL OTHER ACCOM	19	117	89,115.45	761.67	.218	4690.29	
ANCILLARIES	19	0	147,989.75	.00	.000	7788.93	
INPATIENT CROSSOVERS	57	0	43,946.69	.00	.000	770.99	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	1,098	6,771	381,797.56	56.39	12.632	347.72	
MEDICAL	400	865	90,507.04	104.63	1.614	226.27	
SURGERY	93	115	8,860.37	77.05	.215	95.27	
PATHOLOGY	399	3,171	37,514.40	11.83	5.916	94.02	
RADIOLOGY	236	360	99,736.43	277.05	.672	422.61	
ROOM USE	622	861	35,724.02	41.49	1.606	57.43	
CROSSOVERS/ALL OTH OUTPTNT	391	1,399	109,455.30	78.24	2.610	279.94	
@COUNTY HOSPITAL TOTAL	244	852	\$ 341,689.94	\$ 401.04	1.590	\$ 1400.37	\$
CO HOSPITAL INPATIENT TOTAL	90	215	282,573.35	1314.29	.401	3139.70	
HSC HOSPITALS	58	215	259,064.00	1204.95	.401	4466.62	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	32	0	23,509.35	.00	.000	734.67	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	160	637	59,116.59	92.80	1.188	369.48	
MEDICAL	91	153	42,410.26	277.19	.285	466.05	
SURGERY	9	16	1,702.37	106.40	.030	189.15	
PATHOLOGY	47	227	2,624.26	11.56	.424	55.84	
RADIOLOGY	25	38	5,420.70	142.65	.071	216.83	
ROOM USE	83	100	3,643.49	36.43	.187	43.90	
CROSSOVERS/ALL OTH OUTPTNT	44	103	3,315.51	32.19	.192	75.35	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

	536 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE - COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	1,062	7,048	\$	2,021,929.35	\$ 286.88	13.149	\$ 1903.89	\$
COMM HOSP INPATIENT TOTAL	161	914		1,699,248.38	1859.13	1.705	10554.34	
HSC HOSPITALS	119	797		1,441,705.84	1808.92	1.487	12115.18	
NON-HSC HOSPITALS TOTAL	19	117		237,105.20	2026.54	.218	12479.22	
ACCOMMODATIONS	19	117		89,115.45	761.67	.218	4690.29	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	19	117		89,115.45	761.67	.218	4690.29	
ANCILLARIES	19	0		147,989.75	.00	.000	7788.93	
INPATIENT CROSSOVERS	25	0		20,437.34	.00	.000	817.49	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	950	6,134		322,680.97	52.61	11.444	339.66	
MEDICAL	310	712		48,096.78	67.55	1.328	155.15	
SURGERY	84	99		7,158.00	72.30	.185	85.21	
PATHOLOGY	355	2,944		34,890.14	11.85	5.493	98.28	
RADIOLOGY	212	322		94,315.73	292.91	.601	444.89	
ROOM USE	542	761		32,080.53	42.16	1.420	59.19	
CROSSOVERS/ALL OTH OUTPTNT	349	1,296		106,139.79	81.90	2.418	304.13	
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	

DEVELOP. DISABLED	0	0		.00	.00	.000	.00
@NURSING FACILITY	12	429	\$	65,272.99	\$ 152.15	.800	\$ 5439.42 \$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00
LEV B-REHAB MD	9	371		56,192.72	151.46	.692	6243.64
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
LEV B-REGULAR	3	58		9,080.27	156.56	.108	3026.76
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00 \$
ICF DDH	0	0		.00	.00	.000	.00
ICF DD	0	0		.00	.00	.000	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	1	73	\$	2,696.06	\$ 36.93	.136	\$ 2696.06 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	1	73		2,696.06	36.93	.136	2696.06
@REHABILITATION FACILITY	419	3,452	\$	58,382.73	\$ 16.91	6.440	\$ 139.34 \$
HOSPITAL BASED	37	84		3,310.66	39.41	.157	89.48
INDEPENDENT FACILITY	383	3,368		55,072.07	16.35	6.284	143.79
@LABORATORY FACILITY	13	49	\$	525.78	\$ 10.73	.091	\$ 40.44 \$
PATHOLOGY	13	49		525.78	10.73	.091	40.44
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	7,264	10,984	\$	878,169.38	\$ 79.95	20.493	\$ 120.89 \$
CLINIC	8	168		3,230.64	19.23	.313	403.83
SURGICENTER	2	7		262.65	37.52	.013	131.33
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	7,255	10,809		874,676.09	80.92	20.166	120.56
#CALIF DEPT OF HEALTH SERV							
MOP024							
MONTEREY COUNTY							

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

536 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	4,725	246,660	\$ 1,333,292.22	\$ 5.41	460.187	\$ 282.18	\$
DURABLE MED. EQUIP.	196	928	159,973.38	172.39	1.731	816.19	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	92	778	28,953.92	37.22	1.451	314.72	
MEDICAL TRANSPORTATION	92	3,205	52,198.83	16.29	5.979	567.38	
AMBULANCES/AIR TRANS	87	3,178	32,345.39	10.18	5.929	371.79	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	28	27	19,853.44	735.31	.050	709.05	
ACUPUNCTURE	1	6	104.28	17.38	.011	104.28	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	13	13	1,365.00	105.00	.024	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	441	7,833	369,579.06	47.18	14.614	838.05	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	1,468	3,225	36,361.80	11.27	6.017	24.77	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	58	337	55,838.03	165.69	.629	962.72	
PROSTHETICS	58	337	55,838.03	165.69	.629	962.72	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	16	36	2,233.43	62.04	.067	139.59	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	

LOCAL EDUCATION AGENCIES	2,268	149,445	460,253.21	3.08	278.815	202.93
EPSDT SUPPLEMENTAL SERVICE	29	3,183	98,264.61	30.87	5.938	3388.43
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	179	77,671	68,166.67	.88	144.909	380.82
@CALIF. CHILDREN SERVICES*	3,728	218,686	\$ 4,829,811.01	\$ 22.09	407.996	\$ 1295.55
@XOVER EXCLUDING STATE HOSP**	134	885	\$ 49,805.47	\$ 56.28	1.651	\$ 371.68

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

1,451 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@TOTAL, ALL PROVIDERS	27,145	105,979	\$ 6,058,755.19	\$ 57.17	73.039	\$ 223.20	\$
@PHYSICIANS SERVICES	637	3,062	\$ 375,584.78	\$ 122.66	2.110	\$ 589.62	\$
OUTPATIENT VISITS	298	432	21,786.53	50.43	.298	73.11	
OFFICE VISITS	155	201	9,637.14	47.95	.139	62.18	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	86	104	7,702.56	74.06	.072	89.56	
PREVENTIVE CARE	4	4	206.34	51.59	.003	51.59	
OB VISITS/COMPRE PERI	7	47	739.33	15.73	.032	105.62	
OTHER OUTPATIENT	59	76	3,501.16	46.07	.052	59.34	
INPATIENT VISITS	110	962	125,563.28	130.52	.663	1141.48	
HOSPITAL VISITS	84	449	27,968.31	62.29	.309	332.96	
CRITICAL CARE	60	513	97,594.97	190.24	.354	1626.58	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	12	17	854.05	50.24	.012	71.17	
EXAMINATIONS	12	17	854.05	50.24	.012	71.17	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	78	555	62,999.83	113.51	.382	807.69	
PRINCIPAL SURGEON	45	78	45,889.79	588.33	.054	1019.77	
ASSISTANT SURGEON	4	4	1,221.20	305.30	.003	305.30	
ANESTHESIOLOGIST	40	473	15,888.84	33.59	.326	397.22	

OUTPATIENT SURGERY	69	228		19,965.88	87.57	.157	289.36	
PRINCIPAL SURGEON	46	55		13,852.71	251.87	.038	301.15	
ASSISTANT SURGEON	2	2		233.78	116.89	.001	116.89	
ANESTHESIOLOGIST	26	171		5,879.39	34.38	.118	226.13	
DIALYSIS	1	1		27.90	27.90	.001	27.90	
PATHOLOGY	32	98		1,751.27	17.87	.068	54.73	
RADIOLOGY	128	248		10,549.20	42.54	.171	82.42	
PSYCHIATRY	1	1		48.42	48.42	.001	48.42	
IMMUNIZATION AND INJECTION	6	73		6,473.60	88.68	.050	1078.93	
OTHER SERVICES/ALL X-OVERS	151	447		125,564.82	280.91	.308	831.56	
@PHARMACY	1,172	3,032	\$	319,004.44	\$ 105.21	2.090	\$ 272.19	\$
PRESCRIPTION DRUGS	1,138	2,203		310,118.09	140.77	1.518	272.51	
SNF/ICF	1	2		216.07	108.04	.001	216.07	
OUTPATIENTS	1,137	2,201		309,902.02	140.80	1.517	272.56	
MEDICAL SUPPLIES	83	829		8,886.35	10.72	.571	107.06	
@DENTIST	9,557	57,387	\$	1,402,514.54	\$ 24.44	39.550	\$ 146.75	\$
VISITS - DIAGNOSTIC	7,993	41,358		508,326.16	12.29	28.503	63.60	
ORAL SURGERY	1,078	2,164		138,000.81	63.77	1.491	128.02	
DRUGS	1,392	1,612		37,152.00	23.05	1.111	26.69	
ANESTHESIA	69	71		6,412.00	90.31	.049	92.93	
PERIODONTICS	94	101		10,534.50	104.30	.070	112.07	
ENDODONTICS	727	1,586		150,207.28	94.71	1.093	206.61	
RESTORATIVE DENTISTRY	3,110	9,754		501,850.04	51.45	6.722	161.37	
PROSTHETICS	31	33		710.00	21.52	.023	22.90	
DENTURES, STAYPLATES	33	109		10,693.00	98.10	.075	324.03	
SPACE MAINTAINERS	123	149		19,021.00	127.66	1.103	154.64	
MAXILLOFACIAL SERVICES	9	12		510.00	42.50	.008	56.67	
FRACTURES, DISLOCATIONS	1	1		1,200.00	1200.00	.001	1200.00	
ORTHODONTIC SERVICES	220	265		17,282.75	65.22	.183	78.56	
ALL OTHER SERVICES	193	172		615.00	3.58	.119	3.19	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							
MOP024	FEE-FOR-SERVICE/DENTAL							
MONTEREY COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES							

1,451 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	17	56	\$ 1,142.14	\$ 20.40	.039	\$ 67.18	\$
DIAGNOSTIC AND ANC. PROCED	16	23	647.97	28.17	.016	40.50	
EYE APPLIANCES	12	33	494.17	14.97	.023	41.18	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	.00	.00	.000	.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	1	1	\$ 62.41	\$ 62.41	.001	\$ 62.41	\$
MEDICINE/INJECTIONS	1	1	62.41	62.41	.001	62.41	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	15	57	\$ 3,869.63	\$ 67.89	.039	\$ 257.98	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	596	3,641	\$ 2,151,090.02	\$ 590.80	2.509	\$ 3609.21	\$
HOSP INPATIENT TOTAL	119	1,183	2,054,514.17	1736.70	.815	17264.82	

HSC HOSPITALS	111	1,162	1,979,605.00	1703.62	.801	17834.28	
NON-HSC HOSPITAL TOTAL	9	21	74,033.17	3525.39	.014	8225.91	
ACCOMMODATIONS	9	21	16,215.45	772.16	.014	1801.72	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	9	21	16,215.45	772.16	.014	1801.72	
ANCILLARIES	9	0	57,817.72	.00	.000	6424.19	
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	506	2,458	96,575.85	39.29	1.694	190.86	
MEDICAL	126	258	17,652.53	68.42	.178	140.10	
SURGERY	27	30	1,962.04	65.40	.021	72.67	
PATHOLOGY	140	1,078	12,926.05	11.99	.743	92.33	
RADIOLOGY	89	146	21,499.30	147.26	.101	241.57	
ROOM USE	237	318	13,117.03	41.25	.219	55.35	
CROSSOVERS/ALL OTH OUTPTNT	245	628	29,418.90	46.85	.433	120.08	
@COUNTY HOSPITAL TOTAL	108	475	\$ 321,789.42	\$ 677.45	.327	\$ 2979.53	\$
CO HOSPITAL INPATIENT TOTAL	36	239	310,208.00	1297.94	.165	8616.89	
HSC HOSPITALS	36	239	310,208.00	1297.94	.165	8616.89	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	75	236	11,581.42	49.07	.163	154.42	
MEDICAL	26	56	6,894.55	123.12	.039	265.18	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	21	66	615.16	9.32	.045	29.29	
RADIOLOGY	12	15	1,317.71	87.85	.010	109.81	
ROOM USE	47	55	1,954.96	35.54	.038	41.59	
CROSSOVERS/ALL OTH OUTPTNT	25	44	799.04	18.16	.030	31.96	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						----- MONTHLY AVERAGE -	
1,451 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	496	3,166	\$ 1,829,300.60	\$ 577.80	2.182	\$ 3688.11	\$
COMM HOSP INPATIENT TOTAL	85	944	1,744,306.17	1847.78	.651	20521.25	
HSC HOSPITALS	77	923	1,669,397.00	1808.66	.636	21680.48	
NON-HSC HOSPITALS TOTAL	9	21	74,033.17	3525.39	.014	8225.91	
ACCOMMODATIONS	9	21	16,215.45	772.16	.014	1801.72	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	9	21	16,215.45	772.16	.014	1801.72	
ANCILLARIES	9	0	57,817.72	.00	.000	6424.19	
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	434	2,222	84,994.43	38.25	1.531	195.84	
MEDICAL	100	202	10,757.98	53.26	.139	107.58	
SURGERY	27	30	1,962.04	65.40	.021	72.67	
PATHOLOGY	119	1,012	12,310.89	12.16	.697	103.45	

RADIOLOGY	77	131	20,181.59	154.06	.090	262.10
ROOM USE	190	263	11,162.07	42.44	.181	58.75
CROSSOVERS/ALL OTH OUTPTNT	220	584	28,619.86	49.01	.402	130.09
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	36	165	\$ 4,205.18	\$ 25.49	.114	\$ 116.81
HOSPITAL BASED	10	31	1,466.71	47.31	.021	146.67
INDEPENDENT FACILITY	26	134	2,738.47	20.44	.092	105.33
@LABORATORY FACILITY	47	105	\$ 1,346.78	\$ 12.83	.072	\$ 28.65
PATHOLOGY	47	105	1,346.78	12.83	.072	28.65
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	13,423	19,183	\$ 1,594,249.41	\$ 83.11	13.221	\$ 118.77
CLINIC	18	42	914.70	21.78	.029	50.82
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	13,407	19,141	1,593,334.71	83.24	13.192	118.84

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

1,451 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	C E
@ALL OTHER PROVIDERS	2,776	19,290	\$ 205,685.86	\$ 10.66	13.294	\$ 74.09
DURABLE MED. EQUIP.	9	91	6,769.44	74.39	.063	752.16
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	14	161	4,887.09	30.35	.111	349.08
MEDICAL TRANSPORTATION	59	2,136	46,790.84	21.91	1.472	793.07
AMBULANCES/AIR TRANS	56	2,109	25,816.68	12.24	1.453	461.01
OTHER TRANS	1	4	25.36	6.34	.003	25.36
OTHER SERVICES	22	23	20,948.80	910.82	.016	952.22
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	74	76	7,980.00	105.00	.052	107.84
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	1,017	2,135	18,247.26	8.55	1.471	17.94
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	5	10	2,628.85	262.89	.007	525.77
PROSTHETICS	5	10	2,628.85	262.89	.007	525.77

ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	16	59	3,553.97	60.24	.041	222.12
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	1,589	14,499	114,231.76	7.88	9.992	71.89
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	4	123	596.65	4.85	.085	149.16
@CALIF. CHILDREN SERVICES*	967	11,334	\$ 2,627,668.19	\$ 231.84	7.811	\$ 2717.34
@XOVER EXCLUDING STATE HOSP**	1	0	\$ 876.00	\$.00	.000	\$ 876.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
 MOP024 FEE-FOR-SERVICE/DENTAL
 MONTEREY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

2,136 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	61,903	641,943	\$ 20,342,353.10	\$ 31.69	300.535	\$ 328.62	\$
@PHYSICIANS SERVICES	1,923	7,707	\$ 692,386.52	\$ 89.84	3.608	\$ 360.06	\$
OUTPATIENT VISITS	925	1,279	71,096.97	55.59	.599	76.86	
OFFICE VISITS	483	637	36,787.06	57.75	.298	76.16	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	178	196	15,973.32	81.50	.092	89.74	
PREVENTIVE CARE	4	4	206.34	51.59	.002	51.59	
OB VISITS/COMPRE PERI	7	45	722.51	16.06	.021	103.22	
OTHER OUTPATIENT	293	397	17,407.74	43.85	.186	59.41	
INPATIENT VISITS	292	1,958	209,460.61	106.98	.917	717.33	
HOSPITAL VISITS	253	1,314	87,646.61	66.70	.615	346.43	
CRITICAL CARE	93	643	121,800.30	189.43	.301	1309.68	
SNF/ICF/TRANS IP CARE	1	1	13.70	13.70	.000	13.70	
OPHTHALMOLOGICAL SERVICES	48	60	2,922.53	48.71	.028	60.89	
EXAMINATIONS	48	60	2,922.53	48.71	.028	60.89	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	180	1,227	123,827.42	100.92	.574	687.93	
PRINCIPAL SURGEON	119	175	87,699.53	501.14	.082	736.97	
ASSISTANT SURGEON	6	6	1,728.30	288.05	.003	288.05	
ANESTHESIOLOGIST	94	1,046	34,399.59	32.89	.490	365.95	
OUTPATIENT SURGERY	220	771	60,332.70	78.25	.361	274.24	
PRINCIPAL SURGEON	129	180	38,635.10	214.64	.084	299.50	
ASSISTANT SURGEON	2	2	233.78	116.89	.001	116.89	
ANESTHESIOLOGIST	101	589	21,463.82	36.44	.276	212.51	
DIALYSIS	5	12	1,195.82	99.65	.006	239.16	
PATHOLOGY	63	209	4,785.39	22.90	.098	75.96	
RADIOLOGY	364	667	30,027.94	45.02	.312	82.49	
PSYCHIATRY	1	1	48.42	48.42	.000	48.42	
IMMUNIZATION AND INJECTION	6	73	6,473.60	88.68	.034	1078.93	
OTHER SERVICES/ALL X-OVERS	585	1,450	182,215.12	125.67	.679	311.48	
@PHARMACY	15,531	209,079	\$ 7,753,204.63	\$ 37.08	97.883	\$ 499.21	\$
PRESCRIPTION DRUGS	15,127	32,163	6,826,883.53	212.26	15.058	451.30	
SNF/ICF	512	1,413	257,264.22	182.07	.662	502.47	
OUTPATIENTS	14,645	30,750	6,569,619.31	213.65	14.396	448.59	

MEDICAL SUPPLIES	886	176,916		926,321.10		5.24	82.826	1045.51	
@DENTIST	15,426	83,786	\$	2,299,389.79	\$	27.44	39.226	\$ 149.06	\$
VISITS - DIAGNOSTIC	12,150	58,987		715,696.06		12.13	27.616	58.91	
ORAL SURGERY	1,996	4,675		284,101.39		60.77	2.189	142.34	
DRUGS	1,500	1,734		39,567.00		22.82	.812	26.38	
ANESTHESIA	153	155		14,142.00		91.24	.073	92.43	
PERIODONTICS	409	436		44,863.25		102.90	.204	109.69	
ENDODONTICS	1,017	2,002		227,287.41		113.53	.937	223.49	
RESTORATIVE DENTISTRY	4,528	13,239		707,645.25		53.45	6.198	156.28	
PROSTHETICS	107	114		2,792.50		24.50	.053	26.10	
DENTURES, STAYPLATES	601	1,621		221,205.69		136.46	.759	368.06	
SPACE MAINTAINERS	132	158		20,252.00		128.18	.074	153.42	
MAXILLOFACIAL SERVICES	16	24		1,235.00		51.46	.011	77.19	
FRACTURES, DISLOCATIONS	1	1		1,200.00		1200.00	.000	1200.00	
ORTHODONTIC SERVICES	240	300		18,687.25		62.29	.140	77.86	
ALL OTHER SERVICES	422	340		714.99		2.10	.159	1.69	
#CALIF DEPT OF HEALTH SERV									PA
MOP024									
MONTEREY COUNTY									
				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
				FEE-FOR-SERVICE/DENTAL					
				SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL					

	2,136 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	23	71	\$	1,468.03	\$ 20.68	.033	\$ 63.83	\$
DIAGNOSTIC AND ANC. PROCED	20	28		813.74	29.06	.013	40.69	
EYE APPLIANCES	16	43		654.29	15.22	.020	40.89	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	
@CHIROPRACTOR	3	5	\$	83.60	\$ 16.72	.002	\$ 27.87	\$
VISITS	2	2		33.44	16.72	.001	16.72	
OTHER SERVICES	1	3		50.16	16.72	.001	50.16	
@PODIATRIST	7	8	\$	194.85	\$ 24.36	.004	\$ 27.84	\$
MEDICINE/INJECTIONS	5	5		158.41	31.68	.002	31.68	
SURGERY/ANES.	0	0		.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	
OTHER	2	3		36.44	12.15	.001	18.22	
@HOME HEALTH AGENCY	125	3,144	\$	107,494.24	\$ 34.19	1.472	\$ 859.95	\$
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$

NURSE MIDWIFE	2	3	\$	76.72	\$	25.57	.001	\$	38.36	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	1,928	11,710	\$	4,529,458.56	\$	386.80	5.482	\$	2349.30	\$
HOSP INPATIENT TOTAL	377	2,316		4,045,758.03		1746.87	1.084		10731.45	
HSC HOSPITALS	286	2,178		3,683,227.17		1691.11	1.020		12878.42	
NON-HSC HOSPITAL TOTAL	28	138		311,138.37		2254.63	.065		11112.08	
ACCOMMODATIONS	28	138		105,330.90		763.27	.065		3761.82	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	28	138		105,330.90		763.27	.065		3761.82	
ANCILLARIES	28	0		205,807.47		.00	.000		7350.27	
INPATIENT CROSSOVERS	67	0		51,392.49		.00	.000		767.05	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	1,644	9,394		483,700.53		51.49	4.398		294.22	
MEDICAL	539	1,137		108,786.71		95.68	.532		201.83	
SURGERY	120	145		10,822.41		74.64	.068		90.19	
PATHOLOGY	543	4,275		50,732.83		11.87	2.001		93.43	
RADIOLOGY	332	517		122,738.13		237.40	.242		369.69	
ROOM USE	872	1,195		49,413.37		41.35	.559		56.67	
CROSSOVERS/ALL OTH OUTPTNT	660	2,125		141,207.08		66.45	.995		213.95	
@COUNTY HOSPITAL TOTAL	360	1,354	\$	664,684.52	\$	490.90	.634	\$	1846.35	\$
CO HOSPITAL INPATIENT TOTAL	126	454		592,781.35		1305.69	.213		4704.61	
HSC HOSPITALS	94	454		569,272.00		1253.90	.213		6056.09	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	32	0		23,509.35		.00	.000		734.67	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	243	900		71,903.17		79.89	.421		295.90	
MEDICAL	120	213		49,594.24		232.84	.100		413.29	
SURGERY	9	16		1,702.37		106.40	.007		189.15	
PATHOLOGY	68	293		3,239.42		11.06	.137		47.64	
RADIOLOGY	39	55		7,392.87		134.42	.026		189.56	
ROOM USE	133	158		5,732.67		36.28	.074		43.10	
CROSSOVERS/ALL OTH OUTPTNT	76	165		4,241.60		25.71	.077		55.81	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

	2,136 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE - COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	1,600	10,356	\$	3,864,774.04	\$ 373.19	4.848	\$ 2415.48	\$
COMM HOSP INPATIENT TOTAL	256	1,862		3,452,976.68	1854.45	.872	13488.19	
HSC HOSPITALS	197	1,724		3,113,955.17	1806.24	.807	15806.88	
NON-HSC HOSPITALS TOTAL	28	138		311,138.37	2254.63	.065	11112.08	
ACCOMMODATIONS	28	138		105,330.90	763.27	.065	3761.82	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	28	138		105,330.90	763.27	.065	3761.82	
ANCILLARIES	28	0		205,807.47	.00	.000	7350.27	
INPATIENT CROSSOVERS	35	0		27,883.14	.00	.000	796.66	

ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	1,416	8,494		411,797.36	48.48	3.977	290.82
MEDICAL	420	924		59,192.47	64.06	.433	140.93
SURGERY	111	129		9,120.04	70.70	.060	82.16
PATHOLOGY	478	3,982		47,493.41	11.93	1.864	99.36
RADIOLOGY	294	462		115,345.26	249.67	.216	392.33
ROOM USE	742	1,037		43,680.70	42.12	.485	58.87
CROSSOVERS/ALL OTH OUTPTNT	586	1,960		136,965.48	69.88	.918	233.73
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00
MENTALLY ILL	0	0		.00	.00	.000	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00
@NURSING FACILITY	25	839	\$	114,470.49	\$ 136.44	.393	\$ 4578.82
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00
LEV B-REHAB MD	9	371		56,192.72	151.46	.174	6243.64
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
LEV B-REGULAR	16	468		58,277.77	124.53	.219	3642.36
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00
ICF DDH	0	0		.00	.00	.000	.00
ICF DD	0	0		.00	.00	.000	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	5	85	\$	3,970.26	\$ 46.71	.040	\$ 794.05
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	5	85		3,970.26	46.71	.040	794.05
@REHABILITATION FACILITY	470	3,662	\$	63,687.14	\$ 17.39	1.714	\$ 135.50
HOSPITAL BASED	48	116		4,872.11	42.00	.054	101.50
INDEPENDENT FACILITY	423	3,546		58,815.03	16.59	1.660	139.04
@LABORATORY FACILITY	60	154	\$	1,872.56	\$ 12.16	.072	\$ 31.21
PATHOLOGY	60	154		1,872.56	12.16	.072	31.21
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	22,341	33,115	\$	2,699,185.17	\$ 81.51	15.503	\$ 120.82
CLINIC	41	471		9,164.37	19.46	.221	223.52
SURGICENTER	3	9		277.17	30.80	.004	92.39
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	22,300	32,635		2,689,743.63	82.42	15.279	120.62

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

	2,136 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	9,346		288,575	\$ 2,075,410.54	\$ 7.19	135.101	\$ 222.06	\$
DURABLE MED. EQUIP.	224		1,091	176,484.29	161.76	.511	787.88	
BLOOD BANK	0		0	.00	.00	.000	.00	
HEARING AID DISPENSERS	106		939	33,841.01	36.04	.440	319.25	
MEDICAL TRANSPORTATION	152		5,352	99,050.37	18.51	2.506	651.65	
AMBULANCES/AIR TRANS	143		5,287	58,162.07	11.00	2.475	406.73	
OTHER TRANS	1		4	25.36	6.34	.002	25.36	
OTHER SERVICES	51		61	40,862.94	669.88	.029	801.23	
ACUPUNCTURE	1		6	104.28	17.38	.003	104.28	
ADULT DAY HEALTH CARE CTR	15		192	13,380.24	69.69	.090	892.02	
GENETIC DISEASE TESTING	87		89	9,345.00	105.00	.042	107.41	
IHMC,MODEL-NF,NF,AIDS,MSSP	1,375		13,372	840,657.66	62.87	6.260	611.39	
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	

OPTICIAN	3,288	7,171	78,463.52	10.94	3.357	23.86
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	65	351	59,302.28	168.95	.164	912.34
PROSTHETICS	65	351	59,302.28	168.95	.164	912.34
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	16	59	3,553.97	60.24	.028	222.12
SPEECH AND AUDIOLOGY	16	36	2,233.43	62.04	.017	139.59
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	3,916	169,101	589,114.98	3.48	79.167	150.44
EPSDT SUPPLEMENTAL SERVICE	29	3,183	98,264.61	30.87	1.490	3388.43
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	212	87,633	71,614.90	.82	41.027	337.81
@CALIF. CHILDREN SERVICES*	4,822	249,162	\$ 7,606,288.75	\$ 30.53	116.649	\$ 1577.41
@XOVER EXCLUDING STATE HOSP**	226	1,136	\$ 63,055.27	\$ 55.51	.532	\$ 279.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

1,694 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	- C E
@TOTAL, ALL PROVIDERS	3,102	10,124	\$ 926,911.08	\$ 91.56	5.976	\$ 298.81	\$
@PHYSICIANS SERVICES	207	1,223	\$ 35,331.44	\$ 28.89	.722	\$ 170.68	\$
OUTPATIENT VISITS	96	125	9,392.23	75.14	.074	97.84	
OFFICE VISITS	10	18	627.78	34.88	.011	62.78	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	86	107	8,764.45	81.91	.063	101.91	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	19	62	2,629.90	42.42	.037	138.42	
HOSPITAL VISITS	19	62	2,629.90	42.42	.037	138.42	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	1	1	37.15	37.15	.001	37.15	
EXAMINATIONS	1	1	37.15	37.15	.001	37.15	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	10	145	8,054.38	55.55	.086	805.44	
PRINCIPAL SURGEON	7	13	6,264.70	481.90	.008	894.96	
ASSISTANT SURGEON	2	2	762.48	381.24	.001	381.24	
ANESTHESIOLOGIST	4	130	1,027.20	7.90	.077	256.80	
OUTPATIENT SURGERY	9	20	3,235.72	161.79	.012	359.52	
PRINCIPAL SURGEON	8	14	3,075.73	219.70	.008	384.47	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	1	6	159.99	26.67	.004	159.99	
DIALYSIS	4	12	944.64	78.72	.007	236.16	
PATHOLOGY	21	504	937.89	1.86	.298	44.66	
RADIOLOGY	89	266	7,011.25	26.36	.157	78.78	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	

OTHER SERVICES/ALL X-OVERS	53	88		3,088.28	35.09	.052	58.27	
@PHARMACY	576	1,410	\$	104,506.30	\$ 74.12	.832	\$ 181.43	\$
PRESCRIPTION DRUGS	571	1,378		103,058.28	74.79	.813	180.49	
SNF/ICF	32	68		7,425.80	109.20	.040	232.06	
OUTPATIENTS	539	1,310		95,632.48	73.00	.773	177.43	
MEDICAL SUPPLIES	25	32		1,448.02	45.25	.019	57.92	
@DENTIST	606	2,490	\$	101,758.83	\$ 40.87	1.470	\$ 167.92	\$
VISITS - DIAGNOSTIC	399	1,514		19,845.93	13.11	.894	49.74	
ORAL SURGERY	106	303		15,101.75	49.84	.179	142.47	
DRUGS	1	1		15.00	15.00	.001	15.00	
ANESTHESIA	8	8		700.00	87.50	.005	87.50	
PERIODONTICS	35	34		3,620.00	106.47	.020	103.43	
ENDODONTICS	28	49		8,762.44	178.83	.029	312.94	
RESTORATIVE DENTISTRY	124	287		18,025.95	62.81	.169	145.37	
PROSTHETICS	12	12		399.00	33.25	.007	33.25	
DENTURES, STAYPLATES	90	263		35,288.76	134.18	.155	392.10	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	
ALL OTHER SERVICES	27	19		.00	.00	.011	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							
MOP024	FEE-FOR-SERVICE/DENTAL							
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X							

1,694 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS COST PER PER ELIG USER	C E
@OPTOMETRIST	1	2	\$ 47.45	\$ 23.73	.001 \$ 47.45	\$
DIAGNOSTIC AND ANC. PROCED	1	2	47.45	23.73	.001 47.45	
EYE APPLIANCES	0	0	.00	.00	.000 .00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00	\$
VISITS	0	0	.00	.00	.000 .00	
OTHER SERVICES	0	0	.00	.00	.000 .00	
@PODIATRIST	1	1	\$ 1.56	\$ 1.56	.001 \$ 1.56	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00	
SURGERY/ANES.	0	0	.00	.00	.000 .00	
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00	
OTHER	1	1	1.56	1.56	.001 1.56	
@HOME HEALTH AGENCY	3	8	\$ 554.15	\$ 69.27	.005 \$ 184.72	\$
NURSE ANESTHESIST	0	0	.00	.00	.000 \$.00	\$
NURSE MIDWIFE	0	0	.00	.00	.000 \$.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000 \$.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000 \$.00	\$
@TOTAL HOSPITAL	185	1,179	\$ 432,585.52	\$ 366.91	.696 \$ 2338.30	\$
HOSP INPATIENT TOTAL	54	254	404,682.51	1593.24	.150 7494.12	
HSC HOSPITALS	42	224	305,897.01	1365.61	.132 7283.26	
NON-HSC HOSPITAL TOTAL	13	30	97,873.50	3262.45	.018 7528.73	
ACCOMMODATIONS	13	30	24,141.49	804.72	.018 1857.04	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00	
ALL OTHER ACCOM	13	30	24,141.49	804.72	.018 1857.04	
ANCILLARIES	13	0	73,732.01	.00	.000 5671.69	
INPATIENT CROSSOVERS	1	0	912.00	.00	.000 912.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00	

HOSP OUTPATIENT TOTAL	138	925	27,903.01	30.17	.546	202.20
MEDICAL	49	69	3,183.69	46.14	.041	64.97
SURGERY	6	8	363.12	45.39	.005	60.52
PATHOLOGY	82	459	4,791.38	10.44	.271	58.43
RADIOLOGY	69	133	12,727.35	95.69	.079	184.45
ROOM USE	64	83	3,400.67	40.97	.049	53.14
CROSSOVERS/ALL OTH OUTPTNT	64	173	3,436.80	19.87	.102	53.70
@COUNTY HOSPITAL TOTAL	82	512	\$ 119,744.91	\$ 233.88	.302	\$ 1460.30
CO HOSPITAL INPATIENT TOTAL	21	91	109,145.01	1199.40	.054	5197.38
HSC HOSPITALS	21	91	109,145.01	1199.40	.054	5197.38
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	66	421	10,599.90	25.18	.249	160.60
MEDICAL	19	23	982.20	42.70	.014	51.69
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	40	224	2,262.22	10.10	.132	56.56
RADIOLOGY	32	61	4,851.57	79.53	.036	151.61
ROOM USE	35	42	1,567.28	37.32	.025	44.78
CROSSOVERS/ALL OTH OUTPTNT	30	71	936.63	13.19	.042	31.22

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

	1,694 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	-
@COMMUNITY HOSPITAL TOTAL	105	667	\$	312,840.61	\$ 469.03	.394	\$ 2979.43	\$
COMM HOSP INPATIENT TOTAL	34	163		295,537.50	1813.11	.096	8692.28	
HSC HOSPITALS	21	133		196,752.00	1479.34	.079	9369.14	
NON-HSC HOSPITALS TOTAL	13	30		97,873.50	3262.45	.018	7528.73	
ACCOMMODATIONS	13	30		24,141.49	804.72	.018	1857.04	

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	13	30		24,141.49	804.72	.018	1857.04
ANCILLARIES	13	0		73,732.01	.00	.000	5671.69
INPATIENT CROSSOVERS	1	0		912.00	.00	.000	912.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	73	504		17,303.11	34.33	.298	237.03
MEDICAL	31	46		2,201.49	47.86	.027	71.02
SURGERY	6	8		363.12	45.39	.005	60.52
PATHOLOGY	43	235		2,529.16	10.76	.139	58.82
RADIOLOGY	37	72		7,875.78	109.39	.043	212.86
ROOM USE	30	41		1,833.39	44.72	.024	61.11
CROSSOVERS/ALL OTH OUTPTNT	34	102		2,500.17	24.51	.060	73.53
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00
MENTALLY ILL	0	0		.00	.00	.000	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00
@NURSING FACILITY	4	81	\$	23,824.85	294.13	.048	5956.21
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00
LEV B-REHAB MD	1	29		4,423.37	152.53	.017	4423.37
LEV B-SUBACUTE FREESTANDING	2	52		19,333.08	371.79	.031	9666.54
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
LEV B-REGULAR	1	0		68.40	.00	.000	68.40
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00
ICF DDH	0	0		.00	.00	.000	.00
ICF DD	0	0		.00	.00	.000	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	6	60	\$	7,607.75	126.80	.035	1267.96
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	6	60		7,607.75	126.80	.035	1267.96
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00
@LABORATORY FACILITY	8	69	\$	728.14	10.55	.041	91.02
PATHOLOGY	8	69		728.14	10.55	.041	91.02
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	1,320	2,282	\$	176,222.49	77.22	1.347	133.50
CLINIC	16	134		2,597.36	19.38	.079	162.34
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	1,307	2,148		173,625.13	80.83	1.268	132.84

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

	1,694 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	C F
@ALL OTHER PROVIDERS	459	1,319	\$	43,742.60	\$ 33.16	.779	\$ 95.30	\$
DURABLE MED. EQUIP.	2	3		138.31	46.10	.002	69.16	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	19	181		5,388.48	29.77	.107	283.60	
AMBULANCES/AIR TRANS	19	175		3,539.08	20.22	.103	186.27	
OTHER TRANS	0	0		.00	.00	.000	.00	
OTHER SERVICES	6	6		1,849.40	308.23	.004	308.23	

ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	7	109	7,584.22	69.58	.064	1083.46
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	48	179	20,967.61	117.14	.106	436.83
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	381	843	9,608.95	11.40	.498	25.22
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	1	2	13.84	6.92	.001	13.84
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	1	2	41.19	20.60	.001	41.19
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00
@XOVER EXCLUDING STATE HOSP**	25	64	\$ 2,979.17	\$ 46.55	.038	\$ 119.17

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS COST PER	PER ELIG	USER	C F
@TOTAL, ALL PROVIDERS	2	35	\$ 1,538.86	\$ 43.97	.000	\$ 769.43	\$	
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00		
OFFICE VISITS	0	0	.00	.00	.000	.00		
HOME VISITS	0	0	.00	.00	.000	.00		
EMERGENCY ROOM	0	0	.00	.00	.000	.00		
PREVENTIVE CARE	0	0	.00	.00	.000	.00		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		
INPATIENT VISITS	0	0	.00	.00	.000	.00		
HOSPITAL VISITS	0	0	.00	.00	.000	.00		
CRITICAL CARE	0	0	.00	.00	.000	.00		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00		
EXAMINATIONS	0	0	.00	.00	.000	.00		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		

DIALYSIS	0	0		.00		.00	.000	.00
PATHOLOGY	0	0		.00		.00	.000	.00
RADIOLOGY	0	0		.00		.00	.000	.00
PSYCHIATRY	0	0		.00		.00	.000	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00
@PHARMACY	0	0	\$	.00	\$	.00	.000	\$.00 \$
PRESCRIPTION DRUGS	0	0		.00		.00	.000	.00
SNF/ICF	0	0		.00		.00	.000	.00
OUTPATIENTS	0	0		.00		.00	.000	.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00
@DENTIST	0	32	\$	1,390.00	\$	43.44	.000	\$.00 \$
VISITS - DIAGNOSTIC	0	9		28.00		3.11	.000	.00
ORAL SURGERY	0	4		159.00		39.75	.000	.00
DRUGS	0	1		25.00		25.00	.000	.00
ANESTHESIA	0	0		.00		.00	.000	.00
PERIODONTICS	0	0		.00		.00	.000	.00
ENDODONTICS	0	5		355.00		71.00	.000	.00
RESTORATIVE DENTISTRY	0	13		823.00		63.31	.000	.00
PROSTHETICS	0	0		.00		.00	.000	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS COST PER C PER ELIG USER E
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00 \$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000 .00
EYE APPLIANCES	0	0	.00	.00	.000 .00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00 \$
VISITS	0	0	.00	.00	.000 .00
OTHER SERVICES	0	0	.00	.00	.000 .00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00 \$
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00
OTHER	0	0	.00	.00	.000 .00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$
NURSE ANESTHESIST	0	0	.00	.00	.000 \$.00 \$
NURSE MIDWIFE	0	0	.00	.00	.000 \$.00 \$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000 \$.00 \$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000 \$.00 \$
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00

TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND						
					AID CODE 24		
					----- MONTHLY AVERAGE -		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$

MENTALLY ILL	0	0		.00		.00	.000	.00		
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		
LEV B-REHAB MD	0	0		.00		.00	.000	.00		
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		
LEV B-REGULAR	0	0		.00		.00	.000	.00		
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$
ICF DDH	0	0		.00		.00	.000	.00		
ICF DD	0	0		.00		.00	.000	.00		
ICF DDN/DDCN	0	0		.00		.00	.000	.00		
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$
HOSPITAL BASED	0	0		.00		.00	.000	.00		
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$
HOSPITAL BASED	0	0		.00		.00	.000	.00		
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$
PATHOLOGY	0	0		.00		.00	.000	.00		
XO AND OTHERS	0	0		.00		.00	.000	.00		
@ORGANIZED OUTPATIENT CLINIC	2	3	\$	148.86	\$	49.62	.000	\$ 74.43	\$	
CLINIC	0	0		.00		.00	.000	.00		
SURGICENTER	0	0		.00		.00	.000	.00		
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		
RURAL HEALTH CLINIC	2	3		148.86		49.62	.000	74.43		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005									PA
MOP024	FEE-FOR-SERVICE/DENTAL									
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND									
						AID CODE 24				
							----- MONTHLY AVERAGE -			
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER			
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER			
@ALL OTHER PROVIDERS	0	0	\$	.00	\$.00	.000	\$.00	\$	
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00			
BLOOD BANK	0	0		.00	.00	.000	.00			

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL		
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED	64 6G 6H 6U 6V 6X 8G	

390 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	3,184	59,986	\$ 1,949,594.20	\$ 32.50	153.810	\$ 612.31	\$
@PHYSICIANS SERVICES	152	654	\$ 33,471.16	\$ 51.18	1.677	\$ 220.21	\$
OUTPATIENT VISITS	45	61	3,520.44	57.71	.156	78.23	
OFFICE VISITS	15	22	1,002.54	45.57	.056	66.84	
HOME VISITS	7	7	268.70	38.39	.018	38.39	
EMERGENCY ROOM	21	27	2,068.47	76.61	.069	98.50	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	5	5	180.73	36.15	.013	36.15	
INPATIENT VISITS	27	105	6,024.88	57.38	.269	223.14	
HOSPITAL VISITS	25	95	4,330.79	45.59	.244	173.23	
CRITICAL CARE	4	10	1,694.09	169.41	.026	423.52	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	2	3	101.58	33.86	.008	50.79	
EXAMINATIONS	2	3	101.58	33.86	.008	50.79	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	19	153	11,603.36	75.84	.392	610.70	
PRINCIPAL SURGEON	15	21	6,801.28	323.87	.054	453.42	
ASSISTANT SURGEON	4	7	1,627.79	232.54	.018	406.95	

ANESTHESIOLOGIST	7	125		3,174.29	25.39	.321	453.47	
OUTPATIENT SURGERY	17	36		1,973.48	54.82	.092	116.09	
PRINCIPAL SURGEON	12	12		1,281.82	106.82	.031	106.82	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	5	24		691.66	28.82	.062	138.33	
DIALYSIS	20	45		4,434.78	98.55	.115	221.74	
PATHOLOGY	9	124		440.69	3.55	.318	48.97	
RADIOLOGY	38	72		1,997.33	27.74	.185	52.56	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	1	1		1,001.96	1001.96	.003	1001.96	
OTHER SERVICES/ALL X-OVERS	33	54		2,372.66	43.94	.138	71.90	
@PHARMACY	1,605	21,301	\$	986,074.90	\$ 46.29	54.618	\$ 614.38	\$
PRESCRIPTION DRUGS	1,554	3,746		972,039.45	259.49	9.605	625.51	
SNF/ICF	77	265		50,137.25	189.20	.679	651.13	
OUTPATIENTS	1,485	3,481		921,902.20	264.84	8.926	620.81	
MEDICAL SUPPLIES	87	17,555		14,035.45	.80	45.013	161.33	
@DENTIST	512	2,276	\$	82,632.20	\$ 36.31	5.836	\$ 161.39	\$
VISITS - DIAGNOSTIC	353	1,463		17,857.95	12.21	3.751	50.59	
ORAL SURGERY	119	374		24,170.00	64.63	.959	203.11	
DRUGS	3	3		40.00	13.33	.008	13.33	
ANESTHESIA	9	9		1,000.00	111.11	.023	111.11	
PERIODONTICS	32	33		3,502.00	106.12	.085	109.44	
ENDODONTICS	16	20		4,367.00	218.35	.051	272.94	
RESTORATIVE DENTISTRY	130	281		14,982.55	53.32	.721	115.25	
PROSTHETICS	5	5		119.00	23.80	.013	23.80	
DENTURES, STAYPLATES	31	77		16,303.60	211.74	.197	525.92	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	2	3		290.10	96.70	.008	145.05	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	
ALL OTHER SERVICES	14	8		.00	.00	.021	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							
MOP024	FEE-FOR-SERVICE/DENTAL							
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G							
390 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -			
@OPTOMETRIST	2	6	\$ 140.00	\$ 23.33	UNITS/DAYS	COST PER	C	E
DIAGNOSTIC AND ANC. PROCED	2	3	86.89	28.96	PER ELIG	USER		
EYE APPLIANCES	1	3	53.11	17.70				
OTHER OPTOMETRIC SERVICES	0	0	.00	.00				
@CHIROPRACOR	0	0	\$.00	\$.00				
VISITS	0	0	.00	.00				
OTHER SERVICES	0	0	.00	.00				
@PODIATRIST	4	14	\$ 131.35	\$ 9.38				
MEDICINE/INJECTIONS	0	0	.00	.00				
SURGERY/ANES.	0	0	.00	.00				
RADIO./PATHOLOGY	0	0	.00	.00				
OTHER	4	14	131.35	9.38				
@HOME HEALTH AGENCY	19	2,030	\$ 60,834.45	\$ 29.97				
NURSE ANESTHESIST	0	0	\$.00	\$.00				
NURSE MIDWIFE	0	0	.00	.00				
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00				
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00				
@TOTAL HOSPITAL	133	1,320	\$ 472,509.92	\$ 357.96				

HOSP INPATIENT TOTAL	45	292	444,984.91	1523.92	.749	9888.55	
HSC HOSPITALS	29	283	410,661.00	1451.10	.726	14160.72	
NON-HSC HOSPITAL TOTAL	4	9	23,024.62	2558.29	.023	5756.16	
ACCOMMODATIONS	4	9	5,405.25	600.58	.023	1351.31	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	4	9	5,405.25	600.58	.023	1351.31	
ANCILLARIES	4	0	17,619.37	.00	.000	4404.84	
INPATIENT CROSSOVERS	16	0	11,299.29	.00	.000	706.21	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	93	1,028	27,525.01	26.78	2.636	295.97	
MEDICAL	37	64	3,626.88	56.67	.164	98.02	
SURGERY	10	12	796.48	66.37	.031	79.65	
PATHOLOGY	43	703	8,534.29	12.14	1.803	198.47	
RADIOLOGY	19	32	7,420.45	231.89	.082	390.55	
ROOM USE	38	56	2,424.27	43.29	.144	63.80	
CROSSOVERS/ALL OTH OUTPTNT	50	161	4,722.64	29.33	.413	94.45	
@COUNTY HOSPITAL TOTAL	44	258	\$ 181,481.90	\$ 703.42	.662	\$ 4124.59	
CO HOSPITAL INPATIENT TOTAL	18	145	177,145.96	1221.70	.372	9841.44	
HSC HOSPITALS	13	145	174,000.00	1200.00	.372	13384.62	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	5	0	3,145.96	.00	.000	629.19	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	28	113	4,335.94	38.37	.290	154.86	
MEDICAL	11	15	790.36	52.69	.038	71.85	
SURGERY	3	4	382.08	95.52	.010	127.36	
PATHOLOGY	11	54	686.42	12.71	.138	62.40	
RADIOLOGY	3	3	262.84	87.61	.008	87.61	
ROOM USE	15	17	643.42	37.85	.044	42.89	
CROSSOVERS/ALL OTH OUTPTNT	13	20	1,570.82	78.54	.051	120.83	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G						

390 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	91	1,062	\$ 291,028.02	\$ 274.04	2.723	\$ 3198.11	\$
COMM HOSP INPATIENT TOTAL	27	147	267,838.95	1822.03	.377	9919.96	
HSC HOSPITALS	16	138	236,661.00	1714.93	.354	14791.31	
NON-HSC HOSPITALS TOTAL	4	9	23,024.62	2558.29	.023	5756.16	
ACCOMMODATIONS	4	9	5,405.25	600.58	.023	1351.31	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	4	9	5,405.25	600.58	.023	1351.31	
ANCILLARIES	4	0	17,619.37	.00	.000	4404.84	
INPATIENT CROSSOVERS	11	0	8,153.33	.00	.000	741.21	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	66	915	23,189.07	25.34	2.346	351.35	
MEDICAL	26	49	2,836.52	57.89	.126	109.10	
SURGERY	7	8	414.40	51.80	.021	59.20	

PATHOLOGY	32	649		7,847.87	12.09	1.664	245.25	
RADIOLOGY	16	29		7,157.61	246.81	.074	447.35	
ROOM USE	24	39		1,780.85	45.66	.100	74.20	
CROSSEOVERS/ALL OTH OUTPTNT	37	141		3,151.82	22.35	.362	85.18	
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	2	36	\$	5,096.40	141.57	.092	2548.20	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	2	36		5,096.40	141.57	.092	2548.20	
@INTERMEDIATE CARE FACIL.-DD	12	357	\$	59,122.77	165.61	.915	4926.90	\$
ICF DDH	12	357		59,122.77	165.61	.915	4926.90	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	19	1,736	\$	55,172.70	31.78	4.451	2903.83	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	19	1,736		55,172.70	31.78	4.451	2903.83	
@REHABILITATION FACILITY	50	388	\$	6,795.85	17.52	.995	135.92	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
INDEPENDENT FACILITY	50	388		6,795.85	17.52	.995	135.92	
@LABORATORY FACILITY	19	197	\$	2,240.28	11.37	.505	117.91	\$
PATHOLOGY	19	197		2,240.28	11.37	.505	117.91	
XO AND OTHERS	0	0		.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	660	1,092	\$	88,882.75	81.39	2.800	134.67	\$
CLINIC	4	11		250.03	22.73	.028	62.51	
SURGICENTER	0	0		.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	
RURAL HEALTH CLINIC	656	1,081		88,632.72	81.99	2.772	135.11	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

	390 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	399	28,579	\$	96,489.47	\$ 3.38	73.279	\$ 241.83	\$
DURABLE MED. EQUIP.	27	187		13,984.94	74.79	.479	517.96	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	16	693		8,781.14	12.67	1.777	548.82	
AMBULANCES/AIR TRANS	13	686		3,876.50	5.65	1.759	298.19	
OTHER TRANS	0	0		.00	.00	.000	.00	
OTHER SERVICES	7	7		4,904.64	700.66	.018	700.66	
ACUPUNCTURE	0	0		.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	
OPTICIAN	181	416		4,289.31	10.31	1.067	23.70	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	1	2		234.07	117.04	.005	234.07	

PROSTHETICS	1	2	234.07	117.04	.005	234.07
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	1	23	2,976.66	129.42	.059	2976.66
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	162	26,016	61,962.57	2.38	66.708	382.49
EPSDT SUPPLEMENTAL SERVICE	2	76	2,235.16	29.41	.195	1117.58
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	17	1,166	2,025.62	1.74	2.990	119.15
@CALIF. CHILDREN SERVICES*	230	23,064	\$ 410,036.17	\$ 17.78	59.138	\$ 1782.77
@XOVER EXCLUDING STATE HOSP**	47	245	\$ 14,540.72	\$ 59.35	.628	\$ 309.38

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

	132,767 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	-
@TOTAL, ALL PROVIDERS	79,251	311,063	\$ 24,900,179.52	\$ 80.05	2.343	\$ 314.19	\$	
@PHYSICIANS SERVICES	8,191	24,621	\$ 2,041,942.33	\$ 82.93	.185	\$ 249.29	\$	
OUTPATIENT VISITS	3,902	6,399	350,162.00	54.72	.048	89.74		
OFFICE VISITS	644	819	37,798.46	46.15	.006	58.69		
HOME VISITS	0	0	.00	.00	.000	.00		
EMERGENCY ROOM	1,904	2,121	128,302.13	60.49	.016	67.39		
PREVENTIVE CARE	3	3	160.89	53.63	.000	53.63		
OB VISITS/COMPRE PERI	1,392	3,262	176,085.04	53.98	.025	126.50		
OTHER OUTPATIENT	154	194	7,815.48	40.29	.001	50.75		
INPATIENT VISITS	1,015	4,286	445,283.85	103.89	.032	438.70		
HOSPITAL VISITS	927	2,596	134,986.29	52.00	.020	145.62		
CRITICAL CARE	188	1,690	310,297.56	183.61	.013	1650.52		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		
OPHTHALMOLOGICAL SERVICES	40	61	3,132.69	51.36	.000	78.32		

EXAMINATIONS	40	61		3,132.69	51.36	.000	78.32	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	1,193	3,183		604,809.45	190.01	.024	506.97	
PRINCIPAL SURGEON	949	1,094		518,383.75	473.84	.008	546.24	
ASSISTANT SURGEON	118	118		21,596.79	183.02	.001	183.02	
ANESTHESIOLOGIST	248	1,971		64,828.91	32.89	.015	261.41	
OUTPATIENT SURGERY	682	1,474		105,237.35	71.40	.011	154.31	
PRINCIPAL SURGEON	597	890		81,532.06	91.61	.007	136.57	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	105	584		23,705.29	40.59	.004	225.76	
DIALYSIS	20	57		8,474.37	148.67	.000	423.72	
PATHOLOGY	437	1,657		15,497.79	9.35	.012	35.46	
RADIOLOGY	2,785	4,697		175,525.64	37.37	.035	63.03	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	224	523		13,094.32	25.04	.004	58.46	
OTHER SERVICES/ALL X-OVERS	1,144	2,284		320,724.87	140.42	.017	280.35	
@PHARMACY	7,915	22,608	\$	1,266,785.95	56.03	.170	160.05	\$
PRESCRIPTION DRUGS	7,641	14,385		1,002,349.09	69.68	.108	131.18	
SNF/ICF	1	2		358.61	179.31	.000	358.61	
OUTPATIENTS	7,640	14,383		1,001,990.48	69.66	.108	131.15	
MEDICAL SUPPLIES	654	8,223		264,436.86	32.16	.062	404.34	
@DENTIST	19,210	109,367	\$	2,786,787.03	25.48	.824	145.07	\$
VISITS - DIAGNOSTIC	15,954	77,106		956,798.10	12.41	.581	59.97	
ORAL SURGERY	2,310	4,764		301,216.27	63.23	.036	130.40	
DRUGS	2,894	3,299		76,258.29	23.12	.025	26.35	
ANESTHESIA	176	181		17,123.00	94.60	.001	97.29	
PERIODONTICS	373	376		39,623.88	105.38	.003	106.23	
ENDODONTICS	1,490	3,308		319,431.33	96.56	.025	214.38	
RESTORATIVE DENTISTRY	6,059	18,676		970,756.58	51.98	.141	160.22	
PROSTHETICS	83	88		1,986.00	22.57	.001	23.93	
DENTURES, STAYPLATES	104	419		36,107.10	86.17	.003	347.18	
SPACE MAINTAINERS	218	242		30,345.00	125.39	.002	139.20	
MAXILLOFACIAL SERVICES	18	18		906.00	50.33	.000	50.33	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	415	554		34,655.50	62.56	.004	83.51	
ALL OTHER SERVICES	466	336		1,579.98	4.70	.003	3.39	
#CALIF DEPT OF HEALTH SERV								PA
MOP024								
MONTEREY COUNTY								
				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005				
				FEE-FOR-SERVICE/DENTAL				
				SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K				

	132,767 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@OPTOMETRIST	6	21	\$	378.78	\$ 18.04	.000	\$ 63.13	\$
DIAGNOSTIC AND ANC. PROCED	6	9		207.38	23.04	.000	34.56	
EYE APPLIANCES	4	12		171.40	14.28	.000	42.85	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	.00	\$
VISITS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
@PODIATRIST	0	0	\$	.00	\$.00	.000	.00	\$
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	
OTHER	0	0		.00	.00	.000	.00	
@HOME HEALTH AGENCY	234	1,477	\$	59,143.90	\$ 40.04	.011	\$ 252.75	\$

NURSE ANESTHESIST	1	18	\$	274.83	\$	15.27	.000	\$	274.83	\$
NURSE MIDWIFE	1	1	\$	70.62	\$	70.62	.000	\$	70.62	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	7,959	34,079	\$	11,860,933.28	\$	348.04	.257	\$	1490.25	\$
HOSP INPATIENT TOTAL	1,702	7,158		11,073,808.60		1547.05	.054		6506.35	
HSC HOSPITALS	1,343	5,725		8,267,024.30		1444.02	.043		6155.64	
NON-HSC HOSPITAL TOTAL	359	1,433		2,802,894.11		1955.96	.011		7807.50	
ACCOMMODATIONS	359	1,433		858,761.31		599.28	.011		2392.09	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	359	1,433		858,761.31		599.28	.011		2392.09	
ANCILLARIES	359	0		1,944,132.80		.00	.000		5415.41	
INPATIENT CROSSOVERS	5	0		3,890.19		.00	.000		778.04	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	6,816	26,921		787,124.68		29.24	.203		115.48	
MEDICAL	855	1,243		69,324.82		55.77	.009		81.08	
SURGERY	181	213		10,362.97		48.65	.002		57.25	
PATHOLOGY	4,052	15,459		197,274.54		12.76	.116		48.69	
RADIOLOGY	1,927	2,596		290,348.65		111.84	.020		150.67	
ROOM USE	2,595	3,285		125,542.33		38.22	.025		48.38	
CROSSOVERS/ALL OTH OUTPTNT	2,125	4,125		94,271.37		22.85	.031		44.36	
@COUNTY HOSPITAL TOTAL	4,035	15,926	\$	3,611,371.21	\$	226.76	.120	\$	895.01	\$
CO HOSPITAL INPATIENT TOTAL	982	2,737		3,293,507.69		1203.33	.021		3353.88	
HSC HOSPITALS	980	2,737		3,292,353.50		1202.91	.021		3359.54	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	2	0		1,154.19		.00	.000		577.10	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	3,315	13,189		317,863.52		24.10	.099		95.89	
MEDICAL	243	350		22,763.10		65.04	.003		93.68	
SURGERY	32	40		1,423.23		35.58	.000		44.48	
PATHOLOGY	2,259	8,779		121,032.68		13.79	.066		53.58	
RADIOLOGY	904	1,187		90,826.73		76.52	.009		100.47	
ROOM USE	1,150	1,486		54,024.99		36.36	.011		46.98	
CROSSOVERS/ALL OTH OUTPTNT	761	1,347		27,792.79		20.63	.010		36.52	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

	132,767 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	4,109	18,153	\$	8,249,562.07	\$ 454.45	.137	\$ 2007.68	\$
COMM HOSP INPATIENT TOTAL	728	4,421		7,780,300.91	1759.85	.033	10687.23	
HSC HOSPITALS	369	2,988		4,974,670.80	1664.88	.023	13481.49	
NON-HSC HOSPITALS TOTAL	359	1,433		2,802,894.11	1955.96	.011	7807.50	
ACCOMMODATIONS	359	1,433		858,761.31	599.28	.011	2392.09	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	359	1,433		858,761.31	599.28	.011	2392.09	
ANCILLARIES	359	0		1,944,132.80	.00	.000	5415.41	

INPATIENT CROSSOVERS	3	0	2,736.00	.00	.000	912.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	3,613	13,732	469,261.16	34.17	.103	129.88
MEDICAL	614	893	46,561.72	52.14	.007	75.83
SURGERY	149	173	8,939.74	51.67	.001	60.00
PATHOLOGY	1,833	6,680	76,241.86	11.41	.050	41.59
RADIOLOGY	1,041	1,409	199,521.92	141.61	.011	191.66
ROOM USE	1,465	1,799	71,517.34	39.75	.014	48.82
CROSSOVERS/ALL OTH OUTPTNT	1,375	2,778	66,478.58	23.93	.021	48.35
@STATE HOSPITAL	0	0	.00	.00	.000	.00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	20	970	42,272.83	43.58	.007	2113.64
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	20	970	42,272.83	43.58	.007	2113.64
@REHABILITATION FACILITY	169	1,126	21,933.26	19.48	.008	129.78
HOSPITAL BASED	37	70	4,183.93	59.77	.001	113.08
INDEPENDENT FACILITY	132	1,056	17,749.33	16.81	.008	134.46
@LABORATORY FACILITY	2,767	6,342	148,897.09	23.48	.048	53.81
PATHOLOGY	2,754	6,325	148,000.59	23.40	.048	53.74
XO AND OTHERS	17	17	896.50	52.74	.000	52.74
@ORGANIZED OUTPATIENT CLINIC	41,048	69,505	6,156,223.24	88.57	.524	149.98
CLINIC	349	1,477	35,536.06	24.06	.011	101.82
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	1	9	120.78	13.42	.000	120.78
RURAL HEALTH CLINIC	40,717	68,019	6,120,566.40	89.98	.512	150.32
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K					

	132,767 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	
@ALL OTHER PROVIDERS	5,130	40,928	\$	514,536.38	\$ 12.57	.308	\$ 100.30	\$
DURABLE MED. EQUIP.	39	165		17,965.29	108.88	.001	460.65	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	37	263		12,948.41	49.23	.002	349.96	
MEDICAL TRANSPORTATION	357	8,714		181,376.91	20.81	.066	508.06	
AMBULANCES/AIR TRANS	353	8,614		97,802.67	11.35	.065	277.06	
OTHER TRANS	0	0		.00	.00	.000	.00	
OTHER SERVICES	99	100		83,574.24	835.74	.001	844.18	
ACUPUNCTURE	0	0		.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	663	665		69,729.00	104.86	.005	105.17	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	

OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	2,183	4,626	43,168.52	9.33	.035	19.77
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	25	122	24,319.57	199.34	.001	972.78
PROSTHETICS	25	122	24,319.57	199.34	.001	972.78
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	3	10	702.72	70.27	.000	234.24
SPEECH AND AUDIOLOGY	3	7	287.73	41.10	.000	95.91
HOSPICE SERVICES	1	13	1,565.98	120.46	.000	1565.98
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	1,834	26,247	148,403.29	5.65	.198	80.92
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	17	96	14,068.96	146.55	.001	827.59
@CALIF. CHILDREN SERVICES*	2,670	31,378	\$ 6,475,368.17	\$ 206.37	.236	\$ 2425.23
@XOVER EXCLUDING STATE HOSP**	15	72	\$ 5,474.09	\$ 76.03	.001	\$ 364.94

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

134,851 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	85,539	381,208	\$ 27,778,223.66	\$ 72.87	2.827	\$ 324.74	\$
@PHYSICIANS SERVICES	8,550	26,498	\$ 2,110,744.93	\$ 79.66	.196	\$ 246.87	\$
OUTPATIENT VISITS	4,043	6,585	363,074.67	55.14	.049	89.80	
OFFICE VISITS	669	859	39,428.78	45.90	.006	58.94	
HOME VISITS	7	7	268.70	38.39	.000	38.39	
EMERGENCY ROOM	2,011	2,255	139,135.05	61.70	.017	69.19	
PREVENTIVE CARE	3	3	160.89	53.63	.000	53.63	
OB VISITS/COMPRE PERI	1,392	3,262	176,085.04	53.98	.024	126.50	
OTHER OUTPATIENT	159	199	7,996.21	40.18	.001	50.29	
INPATIENT VISITS	1,061	4,453	453,938.63	101.94	.033	427.84	
HOSPITAL VISITS	971	2,753	141,946.98	51.56	.020	146.19	
CRITICAL CARE	192	1,700	311,991.65	183.52	.013	1624.96	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	43	65	3,271.42	50.33	.000	76.08	
EXAMINATIONS	43	65	3,271.42	50.33	.000	76.08	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	1,222	3,481	624,467.19	179.39	.026	511.02	
PRINCIPAL SURGEON	971	1,128	531,449.73	471.14	.008	547.32	
ASSISTANT SURGEON	124	127	23,987.06	188.87	.001	193.44	
ANESTHESIOLOGIST	259	2,226	69,030.40	31.01	.017	266.53	
OUTPATIENT SURGERY	708	1,530	110,446.55	72.19	.011	156.00	
PRINCIPAL SURGEON	617	916	85,889.61	93.77	.007	139.21	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	111	614	24,556.94	40.00	.005	221.23	
DIALYSIS	44	114	13,853.79	121.52	.001	314.86	
PATHOLOGY	467	2,285	16,876.37	7.39	.017	36.14	
RADIOLOGY	2,912	5,035	184,534.22	36.65	.037	63.37	
PSYCHIATRY	0	0	.00	.00	.000	.00	

IMMUNIZATION AND INJECTION	225	524		14,096.28	26.90	.004	62.65		
OTHER SERVICES/ALL X-OVERS	1,230	2,426		326,185.81	134.45	.018	265.19		
@PHARMACY	10,096	45,319	\$	2,357,367.15	\$ 52.02	.336	\$ 233.50	\$	
PRESCRIPTION DRUGS	9,766	19,509		2,077,446.82	106.49	.145	212.72		
SNF/ICF	110	335		57,921.66	172.90	.002	526.56		
OUTPATIENTS	9,664	19,174		2,019,525.16	105.33	.142	208.97		
MEDICAL SUPPLIES	766	25,810		279,920.33	10.85	.191	365.43		
@DENTIST	20,328	114,165	\$	2,972,568.06	\$ 26.04	.847	\$ 146.23	\$	
VISITS - DIAGNOSTIC	16,706	80,092		994,529.98	12.42	.594	59.53		
ORAL SURGERY	2,535	5,445		340,647.02	62.56	.040	134.38		
DRUGS	2,898	3,304		76,338.29	23.10	.025	26.34		
ANESTHESIA	193	198		18,823.00	95.07	.001	97.53		
PERIODONTICS	440	443		46,745.88	105.52	.003	106.24		
ENDODONTICS	1,534	3,382		332,915.77	98.44	.025	217.02		
RESTORATIVE DENTISTRY	6,313	19,257		1,004,588.08	52.17	.143	159.13		
PROSTHETICS	100	105		2,504.00	23.85	.001	25.04		
DENTURES, STAYPLATES	225	759		87,699.46	115.55	.006	389.78		
SPACE MAINTAINERS	218	242		30,345.00	125.39	.002	139.20		
MAXILLOFACIAL SERVICES	20	21		1,196.10	56.96	.000	59.81		
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		
ORTHODONTIC SERVICES	415	554		34,655.50	62.56	.004	83.51		
ALL OTHER SERVICES	507	363		1,579.98	4.35	.003	3.12		
#CALIF DEPT OF HEALTH SERV				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
MOP024				FEE-FOR-SERVICE/DENTAL					
MONTEREY COUNTY				SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL					

	134,851 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	- C E	
@OPTOMETRIST	9	29	\$	566.23	\$ 19.53	.000	\$ 62.91	\$
DIAGNOSTIC AND ANC. PROCED	9	14		341.72	24.41	.000	37.97	
EYE APPLIANCES	5	15		224.51	14.97	.000	44.90	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	\$
VISITS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
@PODIATRIST	5	15	\$	132.91	\$ 8.86	.000	\$ 26.58	\$

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	
OTHER	5	15		132.91	8.86	.000	26.58	
@HOME HEALTH AGENCY	256	3,515	\$	120,532.50	\$ 34.29	.026	\$ 470.83	\$
NURSE ANESTHESIST	1	18	\$	274.83	\$ 15.27	.000	\$ 274.83	\$
NURSE MIDWIFE	1	1	\$	70.62	\$ 70.62	.000	\$ 70.62	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$
@TOTAL HOSPITAL	8,277	36,578	\$	12,766,028.72	\$ 349.01	.271	\$ 1542.35	\$
HOSP INPATIENT TOTAL	1,801	7,704		11,923,476.02	1547.70	.057	6620.48	
HSC HOSPITALS	1,414	6,232		8,983,582.31	1441.52	.046	6353.31	
NON-HSC HOSPITAL TOTAL	376	1,472		2,923,792.23	1986.27	.011	7776.04	
ACCOMMODATIONS	376	1,472		888,308.05	603.47	.011	2362.52	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	376	1,472		888,308.05	603.47	.011	2362.52	
ANCILLARIES	376	0		2,035,484.18	.00	.000	5413.52	
INPATIENT CROSSOVERS	22	0		16,101.48	.00	.000	731.89	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	7,047	28,874		842,552.70	29.18	.214	119.56	
MEDICAL	941	1,376		76,135.39	55.33	.010	80.91	
SURGERY	197	233		11,522.57	49.45	.002	58.49	
PATHOLOGY	4,177	16,621		210,600.21	12.67	.123	50.42	
RADIOLOGY	2,015	2,761		310,496.45	112.46	.020	154.09	
ROOM USE	2,697	3,424		131,367.27	38.37	.025	48.71	
CROSSOVERS/ALL OTH OUTPTNT	2,239	4,459		102,430.81	22.97	.033	45.75	
@COUNTY HOSPITAL TOTAL	4,161	16,696	\$	3,912,598.02	\$ 234.34	.124	\$ 940.30	\$
CO HOSPITAL INPATIENT TOTAL	1,021	2,973		3,579,798.66	1204.10	.022	3506.17	
HSC HOSPITALS	1,014	2,973		3,575,498.51	1202.66	.022	3526.13	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	7	0		4,300.15	.00	.000	614.31	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	3,409	13,723		332,799.36	24.25	.102	97.62	
MEDICAL	273	388		24,535.66	63.24	.003	89.87	
SURGERY	35	44		1,805.31	41.03	.000	51.58	
PATHOLOGY	2,310	9,057		123,981.32	13.69	.067	53.67	
RADIOLOGY	939	1,251		95,941.14	76.69	.009	102.17	
ROOM USE	1,200	1,545		56,235.69	36.40	.011	46.86	
CROSSOVERS/ALL OTH OUTPTNT	804	1,438		30,300.24	21.07	.011	37.69	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

	134,851 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	4,305	19,882	\$	8,853,430.70	\$ 445.30	.147	\$ 2056.55	\$
COMM HOSP INPATIENT TOTAL	789	4,731		8,343,677.36	1763.62	.035	10575.00	
HSC HOSPITALS	406	3,259		5,408,083.80	1659.43	.024	13320.40	
NON-HSC HOSPITALS TOTAL	376	1,472		2,923,792.23	1986.27	.011	7776.04	

ACCOMMODATIONS	376	1,472		888,308.05	603.47	.011	2362.52	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	376	1,472		888,308.05	603.47	.011	2362.52	
ANCILLARIES	376	0		2,035,484.18	.00	.000	5413.52	
INPATIENT CROSSOVERS	15	0		11,801.33	.00	.000	786.76	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	3,752	15,151		509,753.34	33.64	.112	135.86	
MEDICAL	671	988		51,599.73	52.23	.007	76.90	
SURGERY	162	189		9,717.26	51.41	.001	59.98	
PATHOLOGY	1,908	7,564		86,618.89	11.45	.056	45.40	
RADIOLOGY	1,094	1,510		214,555.31	142.09	.011	196.12	
ROOM USE	1,519	1,879		75,131.58	39.98	.014	49.46	
CROSSOVERS/ALL OTH OUTPTNT	1,446	3,021		72,130.57	23.88	.022	49.88	
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	6	117	\$	28,921.25	\$ 247.19	.001	\$ 4820.21	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	1	29		4,423.37	152.53	.000	4423.37	
LEV B-SUBACUTE FREESTANDING	2	52		19,333.08	371.79	.000	9666.54	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	3	36		5,164.80	143.47	.000	1721.60	
@INTERMEDIATE CARE FACIL.-DD	12	357	\$	59,122.77	\$ 165.61	.003	\$ 4926.90	\$
ICF DDH	12	357		59,122.77	165.61	.003	4926.90	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	45	2,766	\$	105,053.28	\$ 37.98	.021	\$ 2334.52	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	45	2,766		105,053.28	37.98	.021	2334.52	
@REHABILITATION FACILITY	219	1,514	\$	28,729.11	\$ 18.98	.011	\$ 131.18	\$
HOSPITAL BASED	37	70		4,183.93	59.77	.001	113.08	
INDEPENDENT FACILITY	182	1,444		24,545.18	17.00	.011	134.86	
@LABORATORY FACILITY	2,794	6,608	\$	151,865.51	\$ 22.98	.049	\$ 54.35	\$
PATHOLOGY	2,781	6,591		150,969.01	22.91	.049	54.29	
XO AND OTHERS	17	17		896.50	52.74	.000	52.74	
@ORGANIZED OUTPATIENT CLINIC	43,030	72,882	\$	6,421,477.34	\$ 88.11	.540	\$ 149.23	\$
CLINIC	369	1,622		38,383.45	23.66	.012	104.02	
SURGICENTER	0	0		.00	.00	.000	.00	
HEROIN DETOX CLINIC	1	9		120.78	13.42	.000	120.78	
RURAL HEALTH CLINIC	42,682	71,251		6,382,973.11	89.58	.528	149.55	

#CALIF DEPT OF HEALTH SERV MOP024
MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

	134,851 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@ALL OTHER PROVIDERS	5,988	70,826	\$	654,768.45	\$ 9.24	.525	\$ 109.35	\$
DURABLE MED. EQUIP.	68	355		32,088.54	90.39	.003	471.89	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	37	263		12,948.41	49.23	.002	349.96	
MEDICAL TRANSPORTATION	392	9,588		195,546.53	20.39	.071	498.84	
AMBULANCES/AIR TRANS	385	9,475		105,218.25	11.10	.070	273.29	
OTHER TRANS	0	0		.00	.00	.000	.00	

OTHER SERVICES	112	113	90,328.28	799.37	.001	806.50
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	7	109	7,584.22	69.58	.001	1083.46
GENETIC DISEASE TESTING	663	665	69,729.00	104.86	.005	105.17
IHMC,MODEL-NF,NF,AIDS,MSSP	48	179	20,967.61	117.14	.001	436.83
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	2,745	5,885	57,066.78	9.70	.044	20.79
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	1	2	13.84	6.92	.000	13.84
PROSTHETIST/ORTHOTISTS	26	124	24,553.64	198.01	.001	944.37
PROSTHETICS	26	124	24,553.64	198.01	.001	944.37
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	3	10	702.72	70.27	.000	234.24
SPEECH AND AUDIOLOGY	3	7	287.73	41.10	.000	95.91
HOSPICE SERVICES	2	36	4,542.64	126.18	.000	2271.32
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	1,996	52,263	210,365.86	4.03	.388	105.39
EPSDT SUPPLEMENTAL SERVICE	2	76	2,235.16	29.41	.001	1117.58
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	35	1,264	16,135.77	12.77	.009	461.02
@CALIF. CHILDREN SERVICES*	2,900	54,442	\$ 6,885,404.34	\$ 126.47	.404	\$ 2374.28
@XOVER EXCLUDING STATE HOSP**	87	381	\$ 22,993.98	\$ 60.35	.003	\$ 264.30

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS COST PER	PER ELIG	USER	C E
@TOTAL, ALL PROVIDERS	90	258	\$ 21,832.50	\$ 84.62	36.857	\$ 242.58	\$	
@PHYSICIANS SERVICES	9	21	\$ 201.44	\$ 9.59	3.000	\$ 22.38	\$	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00		
OFFICE VISITS	0	0	.00	.00	.000	.00		
HOME VISITS	0	0	.00	.00	.000	.00		
EMERGENCY ROOM	0	0	.00	.00	.000	.00		
PREVENTIVE CARE	0	0	.00	.00	.000	.00		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		
INPATIENT VISITS	0	0	.00	.00	.000	.00		
HOSPITAL VISITS	0	0	.00	.00	.000	.00		
CRITICAL CARE	0	0	.00	.00	.000	.00		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00		
EXAMINATIONS	0	0	.00	.00	.000	.00		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		

ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	9	21		201.44	9.59	3.000	22.38	
@PHARMACY	44	81	\$	15,522.72	\$ 191.64	11.571	\$ 352.79	\$
PRESCRIPTION DRUGS	44	81		15,522.72	191.64	11.571	352.79	
SNF/ICF	15	27		4,744.63	175.73	3.857	316.31	
OUTPATIENTS	29	54		10,778.09	199.59	7.714	371.66	
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	
@DENTIST	23	86	\$	3,350.35	\$ 38.96	12.286	\$ 145.67	\$
VISITS - DIAGNOSTIC	9	26		213.60	8.22	3.714	23.73	
ORAL SURGERY	5	17		45.00	2.65	2.429	9.00	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	
PERIODONTICS	5	5		160.75	32.15	.714	32.15	
ENDODONTICS	0	0		.00	.00	.000	.00	
RESTORATIVE DENTISTRY	5	19		379.00	19.95	2.714	75.80	
PROSTHETICS	0	0		.00	.00	.000	.00	
DENTURES, STAYPLATES	8	19		2,552.00	134.32	2.714	319.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	
ALL OTHER SERVICES	1	0		.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY								
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005								
FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MN - SOC - AGED								
AID CODE 17 1Y								
07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER		
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00		
EYE APPLIANCES	0	0	.00	.00	.000	.00		
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00		
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$	
VISITS	0	0	.00	.00	.000	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00		
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		
SURGERY/ANES.	0	0	.00	.00	.000	.00		
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		
OTHER	0	0	.00	.00	.000	.00		
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$	
@TOTAL HOSPITAL	5	41	\$ 1,378.73	\$ 33.63	5.857	\$ 275.75	\$	
HOSP INPATIENT TOTAL	1	0	876.00	.00	.000	876.00		
HSC HOSPITALS	0	0	.00	.00	.000	.00		
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00		
ACCOMMODATIONS	0	0	.00	.00	.000	.00		

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	4	41	502.73	12.26	5.857	125.68	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	4	41	502.73	12.26	5.857	125.68	
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED						
	AID CODE 17 1Y						
	----- MONTHLY AVERAGE -						
07 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	F
@COMMUNITY HOSPITAL TOTAL	5	41	\$	1,378.73	\$ 33.63	5.857	\$ 275.75	\$
COMM HOSP INPATIENT TOTAL	1	0		876.00	.00	.000	876.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	1	0		876.00	.00	.000	876.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	4	41		502.73	12.26	5.857	125.68	
MEDICAL	0	0		.00	.00	.000	.00	
SURGERY	0	0		.00	.00	.000	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	
ROOM USE	0	0		.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	4	41		502.73	12.26	5.857	125.68	
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$
PATHOLOGY	0	0		.00	.00	.000	.00	
XO AND OTHERS	0	0		.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	7	13	\$	1,200.42	\$ 92.34	1.857	\$ 171.49	\$
CLINIC	0	0		.00	.00	.000	.00	
SURGICENTER	0	0		.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	
RURAL HEALTH CLINIC	7	13		1,200.42	92.34	1.857	171.49	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
 MOP024 FEE-FOR-SERVICE/DENTAL
 MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

	07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	7	16	\$	178.84	\$ 11.18	2.286	\$ 25.55	\$
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	

BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	7	16	178.84	11.18	2.286	25.55
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00
@XOVER EXCLUDING STATE HOSP**	12	62	\$ 1,580.17	\$ 25.49	8.857	\$ 131.68

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL		
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MN - SOC - BLIND	AID CODE 27	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@TOTAL, ALL PROVIDERS	1	2	\$.00	\$.00	.000	\$.00	\$
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	

ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00
SNF/ICF	0	0	.00	.00	.000	.00
OUTPATIENTS	0	0	.00	.00	.000	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00
@DENTIST	1	2	\$.00	\$.00	.000	\$.00
VISITS - DIAGNOSTIC	1	2	.00	.00	.000	.00
ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA						
MOP024 FEE-FOR-SERVICE/DENTAL						
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27						
----- MONTHLY AVERAGE -						
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
OTHER	0	0	.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00

@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	

SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00
PATHOLOGY	0	0	.00	.00	.000	.00
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00
CLINIC	0	0	.00	.00	.000	.00
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
 MOP024 FEE-FOR-SERVICE/DENTAL
 MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	- C E
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL		
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED	AID CODES 65 67 6W 6Y	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	- C E
@TOTAL, ALL PROVIDERS	420	1,355	\$ 298,096.53	\$ 220.00	.000 \$ 709.75	\$
@PHYSICIANS SERVICES	2	5	\$ 195.21	\$ 39.04	.000 \$ 97.61	\$
OUTPATIENT VISITS	1	1	29.25	29.25	.000 29.25	
OFFICE VISITS	0	0	.00	.00	.000	.00
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	1	1	29.25	29.25	.000 29.25	
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00

OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
OUTPATIENT SURGERY	1	4		148.95	37.24	.000	148.95	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	1	4		148.95	37.24	.000	148.95	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0		17.01	.00	.000	.00	
@PHARMACY	343	894	\$	282,063.76	\$ 315.51	.000	\$ 822.34	\$
PRESCRIPTION DRUGS	343	894		282,063.76	315.51	.000	822.34	
SNF/ICF	11	65		8,834.66	135.92	.000	803.15	
OUTPATIENTS	332	829		273,229.10	329.59	.000	822.98	
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	
@DENTIST	55	258	\$	9,946.72	\$ 38.55	.000	\$ 180.85	\$
VISITS - DIAGNOSTIC	35	134		1,390.97	10.38	.000	39.74	
ORAL SURGERY	14	55		2,660.75	48.38	.000	190.05	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	1	1		.00	.00	.000	.00	
PERIODONTICS	6	6		708.00	118.00	.000	118.00	
ENDODONTICS	5	7		860.00	122.86	.000	172.00	
RESTORATIVE DENTISTRY	16	49		2,477.00	50.55	.000	154.81	
PROSTHETICS	0	0		.00	.00	.000	.00	
DENTURES, STAYPLATES	3	5		1,850.00	370.00	.000	616.67	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	
ALL OTHER SERVICES	3	1		.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							
MOP024	FEE-FOR-SERVICE/DENTAL							
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y							
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	
EYE APPLIANCES	0	0		.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$
VISITS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	
OTHER	0	0		.00	.00	.000	.00	

@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	3	4	\$	322.93	\$	80.73	.000	\$	107.64	\$
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	3	4		322.93		80.73	.000		107.64	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	1	1		124.81		124.81	.000		124.81	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	2	2		190.30		95.15	.000		95.15	
CROSSOVERS/ALL OTH OUTPTNT	1	1		7.82		7.82	.000		7.82	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	C F
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	3	4	\$ 322.93	\$ 80.73	.000	\$	107.64	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	
HSC HOSPITALS	0	0	.00	.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	
ACCOMMODATIONS	0	0	.00	.00	.000		.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	

ANCILLARIES	0	0		.00		.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	3	4		322.93		80.73	.000	107.64
MEDICAL	0	0		.00		.00	.000	.00
SURGERY	1	1		124.81		124.81	.000	124.81
PATHOLOGY	0	0		.00		.00	.000	.00
RADIOLOGY	0	0		.00		.00	.000	.00
ROOM USE	2	2		190.30		95.15	.000	95.15
CROSSOVERS/ALL OTH OUTPTNT	1	1		7.82		7.82	.000	7.82
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00
MENTALLY ILL	0	0		.00		.00	.000	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00
ICF DDH	0	0		.00		.00	.000	.00
ICF DD	0	0		.00		.00	.000	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00
@REHABILITATION FACILITY	1	2	\$	69.68	\$	34.84	.000	69.68
HOSPITAL BASED	0	0		.00		.00	.000	.00
INDEPENDENT FACILITY	1	2		69.68		34.84	.000	69.68
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	.00
PATHOLOGY	0	0		.00		.00	.000	.00
XO AND OTHERS	0	0		.00		.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	31	144	\$	4,991.92	\$	34.67	.000	161.03
CLINIC	4	100		1,923.00		19.23	.000	480.75
SURGICENTER	0	0		.00		.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00
RURAL HEALTH CLINIC	27	44		3,068.92		69.75	.000	113.66

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA

MOP024 FEE-FOR-SERVICE/DENTAL

MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
						UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	18	48	\$	506.31	\$ 10.55	.000	\$ 28.13	\$
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	
OTHER TRANS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
ACUPUNCTURE	0	0		.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	

IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	17	38	369.96	9.74	.000	21.76
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	1	10	136.35	13.64	.000	136.35
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	4	11	\$ 1,033.22	\$ 93.93	.000	\$ 258.31
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

55 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER	C
					PER ELIG USER	E
@TOTAL, ALL PROVIDERS	308	1,185	\$ 164,716.10	\$ 139.00	21.545 \$ 534.79	\$
@PHYSICIANS SERVICES	18	83	\$ 4,153.60	\$ 50.04	1.509 \$ 230.76	\$
OUTPATIENT VISITS	5	6	318.51	53.09	.109 63.70	
OFFICE VISITS	0	0	.00	.00	.000 .00	
HOME VISITS	0	0	.00	.00	.000 .00	
EMERGENCY ROOM	1	1	51.26	51.26	.018 51.26	
PREVENTIVE CARE	0	0	.00	.00	.000 .00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000 .00	

OTHER OUTPATIENT	4	5		267.25	53.45	.091	66.81	
INPATIENT VISITS	2	2		186.96	93.48	.036	93.48	
HOSPITAL VISITS	2	2		186.96	93.48	.036	93.48	
CRITICAL CARE	0	0		.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	4	53		1,758.36	33.18	.964	439.59	
PRINCIPAL SURGEON	2	2		532.38	266.19	.036	266.19	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	2	51		1,225.98	24.04	.927	612.99	
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	1	5		467.02	93.40	.091	467.02	
RADIOLOGY	7	16		1,263.46	78.97	.291	180.49	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	1	1		159.29	159.29	.018	159.29	
@PHARMACY	14	71	\$	54,212.38	\$ 763.55	1.291	\$ 3872.31	\$
PRESCRIPTION DRUGS	12	17		6,190.04	364.12	.309	515.84	
SNF/ICF	0	0		.00	.00	.000	.00	
OUTPATIENTS	12	17		6,190.04	364.12	.309	515.84	
MEDICAL SUPPLIES	2	54		48,022.34	889.30	.982	24011.17	
@DENTIST	104	581	\$	21,099.19	\$ 36.32	10.564	\$ 202.88	\$
VISITS - DIAGNOSTIC	62	276		2,446.10	8.86	5.018	39.45	
ORAL SURGERY	19	43		2,683.14	62.40	.782	141.22	
DRUGS	4	6		65.00	10.83	.109	16.25	
ANESTHESIA	3	3		260.61	86.87	.055	86.87	
PERIODONTICS	8	8		708.00	88.50	.145	88.50	
ENDODONTICS	14	34		2,168.25	63.77	.618	154.88	
RESTORATIVE DENTISTRY	52	172		8,793.50	51.13	3.127	169.11	
PROSTHETICS	1	1		30.00	30.00	.018	30.00	
DENTURES, STAYPLATES	1	12		403.00	33.58	.218	403.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	1	3		3,541.59	1180.53	.055	3541.59	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	1	1		.00	.00	.018	.00	
ALL OTHER SERVICES	8	22		.00	.00	.400	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							PA
MOP024	FEE-FOR-SERVICE/DENTAL							
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37							

55 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	

@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	1	2	\$	104.99	\$	52.50	.036	\$	104.99	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	16	72	\$	61,436.50	\$	853.28	1.309	\$	3839.78	\$
HOSP INPATIENT TOTAL	4	24		59,164.36		2465.18	.436		14791.09	
HSC HOSPITALS	2	22		23,966.00		1089.36	.400		11983.00	
NON-HSC HOSPITAL TOTAL	2	2		35,198.36		17599.18	.036		17599.18	
ACCOMMODATIONS	2	2		1,652.35		826.18	.036		826.18	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	2	2		1,652.35		826.18	.036		826.18	
ANCILLARIES	2	0		33,546.01		.00	.000		16773.01	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	12	48		2,272.14		47.34	.873		189.35	
MEDICAL	1	1		9.27		9.27	.018		9.27	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	2	29		258.17		8.90	.527		129.09	
RADIOLOGY	5	8		1,803.35		225.42	.145		360.67	
ROOM USE	3	3		94.31		31.44	.055		31.44	
CROSSOVERS/ALL OTH OUTPTNT	5	7		107.04		15.29	.127		21.41	
@COUNTY HOSPITAL TOTAL	2	22	\$	23,966.00	\$	1089.36	.400	\$	11983.00	\$
CO HOSPITAL INPATIENT TOTAL	2	22		23,966.00		1089.36	.400		11983.00	
HSC HOSPITALS	2	22		23,966.00		1089.36	.400		11983.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

	55 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	14		50	\$ 37,470.50	\$ 749.41	.909	\$ 2676.46	\$
COMM HOSP INPATIENT TOTAL	2		2	35,198.36	17599.18	.036	17599.18	
HSC HOSPITALS	0		0	.00	.00	.000	.00	

NON-HSC HOSPITALS TOTAL	2	2		35,198.36	17599.18	.036	17599.18	
ACCOMMODATIONS	2	2		1,652.35	826.18	.036	826.18	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	2	2		1,652.35	826.18	.036	826.18	
ANCILLARIES	2	0		33,546.01	.00	.000	16773.01	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	12	48		2,272.14	47.34	.873	189.35	
MEDICAL	1	1		9.27	9.27	.018	9.27	
SURGERY	0	0		.00	.00	.000	.00	
PATHOLOGY	2	29		258.17	8.90	.527	129.09	
RADIOLOGY	5	8		1,803.35	225.42	.145	360.67	
ROOM USE	3	3		94.31	31.44	.055	31.44	
CROSSOVERS/ALL OTH OUTPTNT	5	7		107.04	15.29	.127	21.41	
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	
@LABORATORY FACILITY	0	0	\$	.00	.00	.000	.00	\$
PATHOLOGY	0	0		.00	.00	.000	.00	
XO AND OTHERS	0	0		.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	150	217	\$	17,198.86	79.26	3.945	114.66	\$
CLINIC	0	0		.00	.00	.000	.00	
SURGICENTER	0	0		.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	
RURAL HEALTH CLINIC	150	217		17,198.86	79.26	3.945	114.66	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

55 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	22	159	\$ 6,510.58	\$ 40.95	2.891	\$ 295.94	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	2	115	6,084.06	52.90	2.091	3042.03	
AMBULANCES/AIR TRANS	2	113	2,484.06	21.98	2.055	1242.03	

OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	2	2	3,600.00	1800.00	.036	1800.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	18	38	364.60	9.59	.691	20.26
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	2	6	61.92	10.32	.109	30.96
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	27	296	\$ 94,708.88	\$ 319.96	5.382	\$ 3507.74
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

62 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER	C
					PER ELIG USER	E
@TOTAL, ALL PROVIDERS	819	2,800	\$ 484,645.13	\$ 173.09	45.161 \$ 591.75	\$
@PHYSICIANS SERVICES	29	109	\$ 4,550.25	\$ 41.75	1.758 \$ 156.91	\$
OUTPATIENT VISITS	6	7	347.76	49.68	.113 57.96	
OFFICE VISITS	0	0	.00	.00	.000 .00	
HOME VISITS	0	0	.00	.00	.000 .00	
EMERGENCY ROOM	1	1	51.26	51.26	.016 51.26	
PREVENTIVE CARE	0	0	.00	.00	.000 .00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000 .00	
OTHER OUTPATIENT	5	6	296.50	49.42	.097 59.30	
INPATIENT VISITS	2	2	186.96	93.48	.032 93.48	
HOSPITAL VISITS	2	2	186.96	93.48	.032 93.48	
CRITICAL CARE	0	0	.00	.00	.000 .00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000 .00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000 .00	
EXAMINATIONS	0	0	.00	.00	.000 .00	
SERVICES AND MATERIALS	0	0	.00	.00	.000 .00	
INPATIENT HOSPITAL SURGERY	4	53	1,758.36	33.18	.855 439.59	
PRINCIPAL SURGEON	2	2	532.38	266.19	.032 266.19	
ASSISTANT SURGEON	0	0	.00	.00	.000 .00	
ANESTHESIOLOGIST	2	51	1,225.98	24.04	.823 612.99	
OUTPATIENT SURGERY	1	4	148.95	37.24	.065 148.95	
PRINCIPAL SURGEON	0	0	.00	.00	.000 .00	

ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	1	4		148.95	37.24	.065	148.95
DIALYSIS	0	0		.00	.00	.000	.00
PATHOLOGY	1	5		467.02	93.40	.081	467.02
RADIOLOGY	7	16		1,263.46	78.97	.258	180.49
PSYCHIATRY	0	0		.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	10	22		377.74	17.17	.355	37.77
@PHARMACY	401	1,046	\$	351,798.86	\$ 336.33	16.871	\$ 877.30
PRESCRIPTION DRUGS	399	992		303,776.52	306.23	16.000	761.34
SNF/ICF	26	92		13,579.29	147.60	1.484	522.28
OUTPATIENTS	373	900		290,197.23	322.44	14.516	778.01
MEDICAL SUPPLIES	2	54		48,022.34	889.30	.871	24011.17
@DENTIST	183	927	\$	34,396.26	\$ 37.10	14.952	\$ 187.96
VISITS - DIAGNOSTIC	107	438		4,050.67	9.25	7.065	37.86
ORAL SURGERY	38	115		5,388.89	46.86	1.855	141.81
DRUGS	4	6		65.00	10.83	.097	16.25
ANESTHESIA	4	4		260.61	65.15	.065	65.15
PERIODONTICS	19	19		1,576.75	82.99	.306	82.99
ENDODONTICS	19	41		3,028.25	73.86	.661	159.38
RESTORATIVE DENTISTRY	73	240		11,649.50	48.54	3.871	159.58
PROSTHETICS	1	1		30.00	30.00	.016	30.00
DENTURES, STAYPLATES	12	36		4,805.00	133.47	.581	400.42
SPACE MAINTAINERS	0	0		.00	.00	.000	.00
MAXILLOFACIAL SERVICES	1	3		3,541.59	1180.53	.048	3541.59
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00
ORTHODONTIC SERVICES	1	1		.00	.00	.016	.00
ALL OTHER SERVICES	12	23		.00	.00	.371	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						
MOP024	FEE-FOR-SERVICE/DENTAL						
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL						

62 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		C E
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	

EYE APPLIANCES	0	0		.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.000	\$.00 \$
VISITS	0	0		.00	.00	.000	.00
OTHER SERVICES	0	0		.00	.00	.000	.00
@PODIATRIST	0	0	\$	.00	\$	.000	\$.00 \$
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00
OTHER	0	0		.00	.00	.000	.00
@HOME HEALTH AGENCY	1	2	\$	104.99	\$	52.50	\$.032 \$ 104.99 \$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	\$.00 \$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	\$.00 \$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	\$.00 \$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	\$.00 \$
@TOTAL HOSPITAL	24	117	\$	63,138.16	\$	539.64	1.887 \$ 2630.76 \$
HOSP INPATIENT TOTAL	5	24		60,040.36		2501.68	.387 12008.07
HSC HOSPITALS	2	22		23,966.00		1089.36	.355 11983.00
NON-HSC HOSPITAL TOTAL	2	2		35,198.36		17599.18	.032 17599.18
ACCOMMODATIONS	2	2		1,652.35		826.18	.032 826.18
ADMINISTRATIVE DAYS	0	0		.00		.00	.000 .00
TRANSITIONAL IP CARE	0	0		.00		.00	.000 .00
ALL OTHER ACCOM	2	2		1,652.35		826.18	.032 826.18
ANCILLARIES	2	0		33,546.01		.00	.000 16773.01
INPATIENT CROSSOVERS	1	0		876.00		.00	.000 876.00
ALL OTHER INPATIENT	0	0		.00		.00	.000 .00
HOSP OUTPATIENT TOTAL	19	93		3,097.80		33.31	1.500 163.04
MEDICAL	1	1		9.27		9.27	.016 9.27
SURGERY	1	1		124.81		124.81	.016 124.81
PATHOLOGY	2	29		258.17		8.90	.468 129.09
RADIOLOGY	5	8		1,803.35		225.42	.129 360.67
ROOM USE	5	5		284.61		56.92	.081 56.92
CROSSOVERS/ALL OTH OUTPTNT	10	49		617.59		12.60	.790 61.76
@COUNTY HOSPITAL TOTAL	2	22	\$	23,966.00	\$	1089.36	.355 \$ 11983.00 \$
CO HOSPITAL INPATIENT TOTAL	2	22		23,966.00		1089.36	.355 11983.00
HSC HOSPITALS	2	22		23,966.00		1089.36	.355 11983.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000 .00
ACCOMMODATIONS	0	0		.00		.00	.000 .00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000 .00
TRANSITIONAL IP CARE	0	0		.00		.00	.000 .00
ALL OTHER ACCOM	0	0		.00		.00	.000 .00
ANCILLARIES	0	0		.00		.00	.000 .00
INPATIENT CROSSOVERS	0	0		.00		.00	.000 .00
ALL OTHER INPATIENT	0	0		.00		.00	.000 .00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000 .00
MEDICAL	0	0		.00		.00	.000 .00
SURGERY	0	0		.00		.00	.000 .00
PATHOLOGY	0	0		.00		.00	.000 .00
RADIOLOGY	0	0		.00		.00	.000 .00
ROOM USE	0	0		.00		.00	.000 .00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000 .00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

----- MONTHLY AVERAGE -

62 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E	
@COMMUNITY HOSPITAL TOTAL	22	95	\$ 39,172.16	\$ 412.34	1.532	\$ 1780.55	\$	
COMM HOSP INPATIENT TOTAL	3	2	36,074.36	18037.18	.032	12024.79		
HSC HOSPITALS	0	0	.00	.00	.000	.00		
NON-HSC HOSPITALS TOTAL	2	2	35,198.36	17599.18	.032	17599.18		
ACCOMMODATIONS	2	2	1,652.35	826.18	.032	826.18		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		
ALL OTHER ACCOM	2	2	1,652.35	826.18	.032	826.18		
ANCILLARIES	2	0	33,546.01	.00	.000	16773.01		
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		
COMM HOSP OUTPATIENT TOTAL	19	93	3,097.80	33.31	1.500	163.04		
MEDICAL	1	1	9.27	9.27	.016	9.27		
SURGERY	1	1	124.81	124.81	.016	124.81		
PATHOLOGY	2	29	258.17	8.90	.468	129.09		
RADIOLOGY	5	8	1,803.35	225.42	.129	360.67		
ROOM USE	5	5	284.61	56.92	.081	56.92		
CROSSOVERS/ALL OTH OUTPTNT	10	49	617.59	12.60	.790	61.76		
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$	
MENTALLY ILL	0	0	.00	.00	.000	.00		
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		
LEV B-REHAB MD	0	0	.00	.00	.000	.00		
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		
LEV B-REGULAR	0	0	.00	.00	.000	.00		
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$	
ICF DDH	0	0	.00	.00	.000	.00		
ICF DD	0	0	.00	.00	.000	.00		
ICF DDN/DDCN	0	0	.00	.00	.000	.00		
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$	
HOSPITAL BASED	0	0	.00	.00	.000	.00		
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		
@REHABILITATION FACILITY	1	2	\$ 69.68	\$ 34.84	.032	\$ 69.68	\$	
HOSPITAL BASED	0	0	.00	.00	.000	.00		
INDEPENDENT FACILITY	1	2	69.68	34.84	.032	69.68		
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$	
PATHOLOGY	0	0	.00	.00	.000	.00		
XO AND OTHERS	0	0	.00	.00	.000	.00		
@ORGANIZED OUTPATIENT CLINIC	188	374	\$ 23,391.20	\$ 62.54	6.032	\$ 124.42	\$	
CLINIC	4	100	1,923.00	19.23	1.613	480.75		
SURGICENTER	0	0	.00	.00	.000	.00		
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		
RURAL HEALTH CLINIC	184	274	21,468.20	78.35	4.419	116.68		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							PA
MOP024	FEE-FOR-SERVICE/DENTAL							
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL							

62 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	47	223	\$ 7,195.73	\$ 32.27	3.597	\$ 153.10	\$

----- MONTHLY AVERAGE -

DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	2	115	6,084.06	52.90	1.855	3042.03
AMBULANCES/AIR TRANS	2	113	2,484.06	21.98	1.823	1242.03
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	2	2	3,600.00	1800.00	.032	1800.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	42	92	913.40	9.93	1.484	21.75
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	3	16	198.27	12.39	.258	66.09
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	31	307	\$ 95,742.10	\$ 311.86	4.952	\$ 3088.45
@XOVER EXCLUDING STATE HOSP**	12	62	\$ 1,580.17	\$ 25.49	1.000	\$ 131.68

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C
@TOTAL, ALL PROVIDERS	1,359	4,007	\$ 812,518.51	\$ 202.77	222.611	\$ 597.88	\$ 4
@PHYSICIANS SERVICES	3	5	\$ 77.04	\$ 15.41	.278	\$ 25.68	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	1	1	27.50	27.50	.056	27.50	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	1	1	27.50	27.50	.056	27.50	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	

PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	2	4		49.54	12.39	.222	24.77	
@PHARMACY	1,041	1,788	\$	244,629.54	\$ 136.82	99.333	\$ 234.99	\$ 1
PRESCRIPTION DRUGS	1,041	1,788		244,629.54	136.82	99.333	234.99	1
SNF/ICF	935	1,594		226,917.17	142.36	88.556	242.69	1
OUTPATIENTS	106	194		17,712.37	91.30	10.778	167.10	
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	
@DENTIST	178	449	\$	24,253.75	\$ 54.02	24.944	\$ 136.26	\$
VISITS - DIAGNOSTIC	140	231		4,375.75	18.94	12.833	31.26	
ORAL SURGERY	22	85		4,584.00	53.93	4.722	208.36	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	
PERIODONTICS	2	2		236.00	118.00	.111	118.00	
ENDODONTICS	0	0		.00	.00	.000	.00	
RESTORATIVE DENTISTRY	19	47		2,484.00	52.85	2.611	130.74	
PROSTHETICS	0	0		.00	.00	.000	.00	
DENTURES, STAYPLATES	19	82		12,574.00	153.34	4.556	661.79	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	
ALL OTHER SERVICES	3	2		.00	.00	.111	.00	
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA								
MOP024 FEE-FOR-SERVICE/DENTAL								
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13								
18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C F
@OPTOMETRIST	2	4	\$	73.08	\$ 18.27	.222	\$ 36.54	\$
DIAGNOSTIC AND ANC. PROCED	1	1		8.01	8.01	.056	8.01	
EYE APPLIANCES	1	3		65.07	21.69	.167	65.07	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$
VISITS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
@PODIATRIST	3	4	\$	12.12	\$ 3.03	.222	\$ 4.04	\$
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	
OTHER	3	4		12.12	3.03	.222	4.04	
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	8	21	\$	2,818.30	\$	134.20	1.167	\$	352.29	\$
HOSP INPATIENT TOTAL	3	0		2,436.20		.00	.000		812.07	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	3	0		2,436.20		.00	.000		812.07	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	5	21		382.10		18.20	1.167		76.42	
MEDICAL	2	4		45.74		11.44	.222		22.87	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	1	4		39.08		9.77	.222		39.08	
RADIOLOGY	1	1		14.89		14.89	.056		14.89	
ROOM USE	1	2		108.07		54.04	.111		108.07	
CROSSOVERS/ALL OTH OUTPTNT	4	10		174.32		17.43	.556		43.58	
@COUNTY HOSPITAL TOTAL	2	3	\$	52.92	\$	17.64	.167	\$	26.46	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	2	3		52.92		17.64	.167		26.46	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	

CROSSOVERS/ALL OTH OUTPTNT	2	3	52.92	17.64	.167	26.46	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED						
	AID CODE 13						
	----- MONTHLY AVERAGE -						
18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	6	18	\$ 2,765.38	\$ 153.63	1.000	\$ 460.90	\$
COMM HOSP INPATIENT TOTAL	3	0	2,436.20	.00	.000	812.07	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	3	0	2,436.20	.00	.000	812.07	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	3	18	329.18	18.29	1.000	109.73	
MEDICAL	2	4	45.74	11.44	.222	22.87	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	1	4	39.08	9.77	.222	39.08	
RADIOLOGY	1	1	14.89	14.89	.056	14.89	
ROOM USE	1	2	108.07	54.04	.111	108.07	
CROSSOVERS/ALL OTH OUTPTNT	2	7	121.40	17.34	.389	60.70	
@STATE HOSPITAL	12	365	\$ 245,927.50	\$ 673.77	20.278	\$ 20493.96	\$ 1
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	12	365	245,927.50	673.77	20.278	20493.96	1
@NURSING FACILITY	35	1,032	\$ 286,772.72	\$ 277.88	57.333	\$ 8193.51	\$ 1
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	16	430	57,019.96	132.60	23.889	3563.75	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	10	365	203,037.55	556.27	20.278	20303.76	1
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	9	237	26,715.21	112.72	13.167	2968.36	
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	\$.00	.000	\$.00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	.00	\$.00	.000	\$.00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	0	0	.00	\$.00	.000	\$.00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	
@LABORATORY FACILITY	1	11	\$ 833.81	\$ 75.80	.611	\$ 833.81	\$
PATHOLOGY	1	11	833.81	75.80	.611	833.81	
XO AND OTHERS	0	0	.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	22	38	\$ 3,453.74	\$ 90.89	2.111	\$ 156.99	\$
CLINIC	0	0	.00	.00	.000	.00	
SURGICENTER	0	0	.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	
RURAL HEALTH CLINIC	22	38	3,453.74	90.89	2.111	156.99	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						

MONTEREY COUNTY

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED

AID CODE 13

18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C E
@ALL OTHER PROVIDERS	126	290	\$ 3,666.91	\$ 12.64	16.111	\$ 29.10	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	2	26	182.37	7.01	1.444	91.19	
AMBULANCES/AIR TRANS	1	7	128.46	18.35	.389	128.46	
OTHER TRANS	1	19	53.91	2.84	1.056	53.91	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	121	260	3,424.60	13.17	14.444	28.30	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	1	1	9.61	9.61	.056	9.61	
SPEECH AND AUDIOLOGY	1	1	33.03	33.03	.056	33.03	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	1	2	17.30	8.65	.111	17.30	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$
@XOVER EXCLUDING STATE HOSP**	14	14	\$ 4,295.45	\$ 306.82	.778	\$ 306.82	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C E
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	

SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00 \$	
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	0	0	\$.00	\$.00	.000	\$.00 \$	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND						
					AID CODE 23		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS COST PER PER ELIG USER	C E	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00 \$	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00 \$	
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00 \$	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	

OTHER	0	0		.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	\$
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	\$
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00
MEDICAL	0	0		.00	.00	.000	.00
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	0	0		.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00
MEDICAL	0	0		.00	.00	.000	.00
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	0	0		.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA							
MOP024 FEE-FOR-SERVICE/DENTAL							
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23							
----- MONTHLY AVERAGE -							
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	

ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00
MEDICAL	0	0		.00		.00	.000		.00
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	0	0		.00		.00	.000		.00
RADIOLOGY	0	0		.00		.00	.000		.00
ROOM USE	0	0		.00		.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000		.00
ICF DD	0	0		.00		.00	.000		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000		.00

SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	227	910	\$ 173,839.97	\$ 191.03	151.667	\$ 765.81	\$ 2
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	

OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00
@PHARMACY	172	499	\$ 129,031.44	\$ 258.58	83.167	\$ 750.18 \$ 2
PRESCRIPTION DRUGS	172	499	129,031.44	258.58	83.167	750.18 2
SNF/ICF	158	400	102,539.83	256.35	66.667	648.99 1
OUTPATIENTS	26	99	26,491.61	267.59	16.500	1018.91
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00
@DENTIST	31	76	\$ 2,194.75	\$ 28.88	12.667	\$ 70.80 \$
VISITS - DIAGNOSTIC	25	49	870.75	17.77	8.167	34.83
ORAL SURGERY	4	8	244.00	30.50	1.333	61.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	1	1	200.00	200.00	.167	200.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	5	16	820.00	51.25	2.667	164.00
PROSTHETICS	2	2	60.00	30.00	.333	30.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MOP024
MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	

OTHER SERVICES	0	0		.00	.00	.000	.00
@PODIATRIST	0	0	\$	.00	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00
OTHER	0	0		.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	\$
@TOTAL HOSPITAL	7	44	\$	4,711.59	\$	107.08	\$
HOSP INPATIENT TOTAL	1	4		4,150.66		1037.67	
HSC HOSPITALS	1	1		1,352.00		1352.00	
NON-HSC HOSPITAL TOTAL	1	3		2,798.66		932.89	
ACCOMMODATIONS	1	3		693.90		231.30	
ADMINISTRATIVE DAYS	1	3		693.90		231.30	
TRANSITIONAL IP CARE	0	0		.00		.00	
ALL OTHER ACCOM	0	0		.00		.00	
ANCILLARIES	1	0		2,104.76		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	
ALL OTHER INPATIENT	0	0		.00		.00	
HOSP OUTPATIENT TOTAL	6	40		560.93		14.02	
MEDICAL	0	0		.00		.00	
SURGERY	0	0		.00		.00	
PATHOLOGY	4	34		395.54		11.63	
RADIOLOGY	6	6		165.39		27.57	
ROOM USE	0	0		.00		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	
@COUNTY HOSPITAL TOTAL	1	4	\$	4,150.66	\$	1037.67	\$
CO HOSPITAL INPATIENT TOTAL	1	4		4,150.66		1037.67	
HSC HOSPITALS	1	1		1,352.00		1352.00	
NON-HSC HOSPITALS TOTAL	1	3		2,798.66		932.89	
ACCOMMODATIONS	1	3		693.90		231.30	
ADMINISTRATIVE DAYS	1	3		693.90		231.30	
TRANSITIONAL IP CARE	0	0		.00		.00	
ALL OTHER ACCOM	0	0		.00		.00	
ANCILLARIES	1	0		2,104.76		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	
ALL OTHER INPATIENT	0	0		.00		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	
MEDICAL	0	0		.00		.00	
SURGERY	0	0		.00		.00	
PATHOLOGY	0	0		.00		.00	
RADIOLOGY	0	0		.00		.00	
ROOM USE	0	0		.00		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						
MOP024	FEE-FOR-SERVICE/DENTAL						
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63						

	06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	6	40	\$	560.93	\$ 14.02	6.667	\$ 93.49	\$
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	

HSC HOSPITALS	0	0		.00	.00	.000	.00		
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		
ACCOMMODATIONS	0	0		.00	.00	.000	.00		
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		
ANCILLARIES	0	0		.00	.00	.000	.00		
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		
COMM HOSP OUTPATIENT TOTAL	6	40		560.93	14.02	6.667	93.49		
MEDICAL	0	0		.00	.00	.000	.00		
SURGERY	0	0		.00	.00	.000	.00		
PATHOLOGY	4	34		395.54	11.63	5.667	98.89		
RADIOLOGY	6	6		165.39	27.57	1.000	27.57		
ROOM USE	0	0		.00	.00	.000	.00		
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00		
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		
@NURSING FACILITY	8	228	\$	36,067.12	\$ 158.19	38.000	\$ 4508.39	\$	
LEV A-INTERMEDIATE	1	30		2,630.65	87.69	5.000	2630.65		
LEV B-REHAB MD	0	0		.00	.00	.000	.00		
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		
LEV B-REGULAR	7	198		33,436.47	168.87	33.000	4776.64		
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$
ICF DDH	0	0		.00	.00	.000	.00		
ICF DD	0	0		.00	.00	.000	.00		
ICF DDN/DDCN	0	0		.00	.00	.000	.00		
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00		
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		
@REHABILITATION FACILITY	1	1	\$	21.19	\$ 21.19	.167	\$ 21.19	\$	
HOSPITAL BASED	0	0		.00	.00	.000	.00		
INDEPENDENT FACILITY	1	1		21.19	21.19	.167	21.19		
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$
PATHOLOGY	0	0		.00	.00	.000	.00		
XO AND OTHERS	0	0		.00	.00	.000	.00		
@ORGANIZED OUTPATIENT CLINIC	3	6	\$	710.70	\$ 118.45	1.000	\$ 236.90	\$	
CLINIC	0	0		.00	.00	.000	.00		
SURGICENTER	0	0		.00	.00	.000	.00		
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		
RURAL HEALTH CLINIC	3	6		710.70	118.45	1.000	236.90		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005								PA
MOP024	FEE-FOR-SERVICE/DENTAL								
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63								
06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E	
@ALL OTHER PROVIDERS	22	56	\$	1,103.18	\$ 19.70	9.333	\$ 50.14	\$	
DURABLE MED. EQUIP.	1	10		260.00	26.00	1.667	260.00		
BLOOD BANK	0	0		.00	.00	.000	.00		
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00		

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	19	40	416.44	10.41	6.667	21.92
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	3	6	426.74	71.12	1.000	142.25
@CALIF. CHILDREN SERVICES*	10	115	\$ 8,052.88	\$ 70.03	19.167	\$ 805.29
@XOVER EXCLUDING STATE HOSP**	3	2	\$ 5,917.89	\$ 2958.95	.333	\$ 1972.63

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$.00	.000	\$.00	\$
@PHYSICIANS SERVICES	0	0	\$	.00	\$.00	.000	\$.00	\$

OUTPATIENT VISITS	0	0	.00	.00	.000	.00
OFFICE VISITS	0	0	.00	.00	.000	.00
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00
SNF/ICF	0	0	.00	.00	.000	.00
OUTPATIENTS	0	0	.00	.00	.000	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00
ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV						
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						
MOP024						
FEE-FOR-SERVICE/DENTAL						
MONTEREY COUNTY						
SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED						
----- MONTHLY AVERAGE -						
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00

DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.000	\$.00
VISITS	0	0		.00	.00	.000	.00
OTHER SERVICES	0	0		.00	.00	.000	.00
@PODIATRIST	0	0	\$	.00	\$	.000	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00
OTHER	0	0		.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.000	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00
MEDICAL	0	0		.00	.00	.000	.00
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	0	0		.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00
MEDICAL	0	0		.00	.00	.000	.00
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	0	0		.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
 MOP024 FEE-FOR-SERVICE/DENTAL
 MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	C E
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00	
HSC HOSPITALS	0	0	.00	.00	.000 .00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00	
ACCOMMODATIONS	0	0	.00	.00	.000 .00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00	
ALL OTHER ACCOM	0	0	.00	.00	.000 .00	
ANCILLARIES	0	0	.00	.00	.000 .00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00	
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000 .00	
MEDICAL	0	0	.00	.00	.000 .00	
SURGERY	0	0	.00	.00	.000 .00	
PATHOLOGY	0	0	.00	.00	.000 .00	
RADIOLOGY	0	0	.00	.00	.000 .00	
ROOM USE	0	0	.00	.00	.000 .00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000 .00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$
MENTALLY ILL	0	0	.00	.00	.000 .00	
DEVELOP. DISABLED	0	0	.00	.00	.000 .00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000 .00	
LEV B-REHAB MD	0	0	.00	.00	.000 .00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000 .00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000 .00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00	
LEV B-REGULAR	0	0	.00	.00	.000 .00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000 \$.00	\$
ICF DDH	0	0	.00	.00	.000 .00	
ICF DD	0	0	.00	.00	.000 .00	
ICF DDN/DDCN	0	0	.00	.00	.000 .00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$
HOSPITAL BASED	0	0	.00	.00	.000 .00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000 .00	
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$
HOSPITAL BASED	0	0	.00	.00	.000 .00	
INDEPENDENT FACILITY	0	0	.00	.00	.000 .00	
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$
PATHOLOGY	0	0	.00	.00	.000 .00	
XO AND OTHERS	0	0	.00	.00	.000 .00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000 \$.00	\$
CLINIC	0	0	.00	.00	.000 .00	
SURGICENTER	0	0	.00	.00	.000 .00	
HEROIN DETOX CLINIC	0	0	.00	.00	.000 .00	
RURAL HEALTH CLINIC	0	0	.00	.00	.000 .00	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	C E
--------------	-------	-------------------------------------	--------------	------------------------------	---	--------

@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.00	.000	\$	.00	\$
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00	
BLOOD BANK	0	0		.00		.00	.000		.00	
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00	
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00	
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00	
OTHER TRANS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
ACUPUNCTURE	0	0		.00		.00	.000		.00	
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00	
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00		.00	.000		.00	
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00	
OPTICIAN	0	0		.00		.00	.000		.00	
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00	
PORTABLE X-RAY	0	0		.00		.00	.000		.00	
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00	
PROSTHETICS	0	0		.00		.00	.000		.00	
ORTHOTICS	0	0		.00		.00	.000		.00	
PSYCHOLOGIST	0	0		.00		.00	.000		.00	
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00	
HOSPICE SERVICES	0	0		.00		.00	.000		.00	
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00	
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00	
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00	
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00	
ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00	
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$	.00	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

	24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C F
@TOTAL, ALL PROVIDERS		1,586	4,917	\$ 986,358.48	\$ 200.60	204.875	\$ 621.92	\$ 4
@PHYSICIANS SERVICES		3	5	\$ 77.04	\$ 15.41	.208	\$ 25.68	\$
OUTPATIENT VISITS		0	0	.00	.00	.000	.00	
OFFICE VISITS		0	0	.00	.00	.000	.00	
HOME VISITS		0	0	.00	.00	.000	.00	
EMERGENCY ROOM		0	0	.00	.00	.000	.00	
PREVENTIVE CARE		0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI		0	0	.00	.00	.000	.00	
OTHER OUTPATIENT		0	0	.00	.00	.000	.00	
INPATIENT VISITS		1	1	27.50	27.50	.042	27.50	
HOSPITAL VISITS		0	0	.00	.00	.000	.00	
CRITICAL CARE		0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE		1	1	27.50	27.50	.042	27.50	
OPHTHALMOLOGICAL SERVICES		0	0	.00	.00	.000	.00	
EXAMINATIONS		0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	2	4		49.54	12.39	.167	24.77	
@PHARMACY	1,213	2,287	\$	373,660.98	\$ 163.38	95.292	\$ 308.05 \$ 1	
PRESCRIPTION DRUGS	1,213	2,287		373,660.98	163.38	95.292	308.05 1	
SNF/ICF	1,093	1,994		329,457.00	165.22	83.083	301.42 1	
OUTPATIENTS	132	293		44,203.98	150.87	12.208	334.88	
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	
@DENTIST	209	525	\$	26,448.50	\$ 50.38	21.875	\$ 126.55 \$	
VISITS - DIAGNOSTIC	165	280		5,246.50	18.74	11.667	31.80	
ORAL SURGERY	26	93		4,828.00	51.91	3.875	185.69	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	
PERIODONTICS	3	3		436.00	145.33	.125	145.33	
ENDODONTICS	0	0		.00	.00	.000	.00	
RESTORATIVE DENTISTRY	24	63		3,304.00	52.44	2.625	137.67	
PROSTHETICS	2	2		60.00	30.00	.083	30.00	
DENTURES, STAYPLATES	19	82		12,574.00	153.34	3.417	661.79	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	
ALL OTHER SERVICES	3	2		.00	.00	.083	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							PA
MOP024	FEE-FOR-SERVICE/DENTAL							

MONTEREY COUNTY

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG COST PER USER	- C F	
@OPTOMETRIST	2	4	\$ 73.08	\$ 18.27	.167	\$ 36.54	\$
DIAGNOSTIC AND ANC. PROCED	1	1	8.01	8.01	.042	8.01	
EYE APPLIANCES	1	3	65.07	21.69	.125	65.07	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACITOR	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	3	4	\$ 12.12	\$ 3.03	.167	\$ 4.04	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	3	4	12.12	3.03	.167	4.04	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
@TOTAL HOSPITAL	15	65	\$ 7,529.89	\$ 115.84	2.708	\$ 501.99	\$
HOSP INPATIENT TOTAL	4	4	6,586.86	1646.72	.167	1646.72	
HSC HOSPITALS	1	1	1,352.00	1352.00	.042	1352.00	
NON-HSC HOSPITAL TOTAL	1	3	2,798.66	932.89	.125	2798.66	
ACCOMMODATIONS	1	3	693.90	231.30	.125	693.90	
ADMINISTRATIVE DAYS	1	3	693.90	231.30	.125	693.90	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	1	0	2,104.76	.00	.000	2104.76	
INPATIENT CROSSOVERS	3	0	2,436.20	.00	.000	812.07	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	11	61	943.03	15.46	2.542	85.73	
MEDICAL	2	4	45.74	11.44	.167	22.87	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	5	38	434.62	11.44	1.583	86.92	
RADIOLOGY	7	7	180.28	25.75	.292	25.75	
ROOM USE	1	2	108.07	54.04	.083	108.07	
CROSSOVERS/ALL OTH OUTPTNT	4	10	174.32	17.43	.417	43.58	
@COUNTY HOSPITAL TOTAL	3	7	\$ 4,203.58	\$ 600.51	.292	\$ 1401.19	\$
CO HOSPITAL INPATIENT TOTAL	1	4	4,150.66	1037.67	.167	4150.66	
HSC HOSPITALS	1	1	1,352.00	1352.00	.042	1352.00	
NON-HSC HOSPITALS TOTAL	1	3	2,798.66	932.89	.125	2798.66	
ACCOMMODATIONS	1	3	693.90	231.30	.125	693.90	
ADMINISTRATIVE DAYS	1	3	693.90	231.30	.125	693.90	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	1	0	2,104.76	.00	.000	2104.76	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	2	3	52.92	17.64	.125	26.46	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	

ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	2	3	52.92	17.64	.125	26.46
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA						
MOP024	FEE-FOR-SERVICE/DENTAL					
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL					

	24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	C E
@COMMUNITY HOSPITAL TOTAL	12	58	\$	3,326.31	\$ 57.35	2.417 \$ 277.19	\$
COMM HOSP INPATIENT TOTAL	3	0		2,436.20	.00	.000 812.07	
HSC HOSPITALS	0	0		.00	.00	.000 .00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000 .00	
ACCOMMODATIONS	0	0		.00	.00	.000 .00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000 .00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000 .00	
ALL OTHER ACCOM	0	0		.00	.00	.000 .00	
ANCILLARIES	0	0		.00	.00	.000 .00	
INPATIENT CROSSOVERS	3	0		2,436.20	.00	.000 812.07	
ALL OTHER INPATIENT	0	0		.00	.00	.000 .00	
COMM HOSP OUTPATIENT TOTAL	9	58		890.11	15.35	2.417 98.90	
MEDICAL	2	4		45.74	11.44	.167 22.87	
SURGERY	0	0		.00	.00	.000 .00	
PATHOLOGY	5	38		434.62	11.44	1.583 86.92	
RADIOLOGY	7	7		180.28	25.75	.292 25.75	
ROOM USE	1	2		108.07	54.04	.083 108.07	
CROSSOVERS/ALL OTH OUTPTNT	2	7		121.40	17.34	.292 60.70	
@STATE HOSPITAL	12	365	\$	245,927.50	\$ 673.77	15.208 \$ 20493.96	\$ 1
MENTALLY ILL	0	0		.00	.00	.000 .00	
DEVELOP. DISABLED	12	365		245,927.50	673.77	15.208 20493.96	1
@NURSING FACILITY	43	1,260	\$	322,839.84	\$ 256.22	52.500 \$ 7507.90	\$ 1
LEV A-INTERMEDIATE	1	30		2,630.65	87.69	1.250 2630.65	
LEV B-REHAB MD	16	430		57,019.96	132.60	17.917 3563.75	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000 .00	
LEV B-SUBACUTE HSPTL BASED	10	365		203,037.55	556.27	15.208 20303.76	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000 .00	
LEV B-REGULAR	16	435		60,151.68	138.28	18.125 3759.48	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000 \$.00	\$
ICF DDH	0	0		.00	.00	.000 .00	
ICF DD	0	0		.00	.00	.000 .00	
ICF DDN/DDCN	0	0		.00	.00	.000 .00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000 \$.00	\$
HOSPITAL BASED	0	0		.00	.00	.000 .00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000 .00	
@REHABILITATION FACILITY	1	1	\$	21.19	\$ 21.19	.042 \$ 21.19	\$
HOSPITAL BASED	0	0		.00	.00	.000 .00	
INDEPENDENT FACILITY	1	1		21.19	21.19	.042 21.19	
@LABORATORY FACILITY	1	11	\$	833.81	\$ 75.80	.458 \$ 833.81	\$
PATHOLOGY	1	11		833.81	75.80	.458 833.81	
XO AND OTHERS	0	0		.00	.00	.000 .00	
@ORGANIZED OUTPATIENT CLINIC	25	44	\$	4,164.44	\$ 94.65	1.833 \$ 166.58	\$
CLINIC	0	0		.00	.00	.000 .00	
SURGICENTER	0	0		.00	.00	.000 .00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000 .00	
RURAL HEALTH CLINIC	25	44		4,164.44	94.65	1.833 166.58	

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
----------------------------	---	--	--	--	--	--	----

MOP024
MONTEREY COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	148	346	\$ 4,770.09	\$ 13.79	14.417	\$ 32.23	\$
DURABLE MED. EQUIP.	1	10	260.00	26.00	.417	260.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	2	26	182.37	7.01	1.083	91.19	
AMBULANCES/AIR TRANS	1	7	128.46	18.35	.292	128.46	
OTHER TRANS	1	19	53.91	2.84	.792	53.91	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	140	300	3,841.04	12.80	12.500	27.44	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	1	1	9.61	9.61	.042	9.61	
SPEECH AND AUDIOLOGY	1	1	33.03	33.03	.042	33.03	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	4	8	444.04	55.51	.333	111.01	
@CALIF. CHILDREN SERVICES*	10	115	\$ 8,052.88	\$ 70.03	4.792	\$ 805.29	\$
@XOVER EXCLUDING STATE HOSP**	17	16	\$ 10,213.34	\$ 638.33	.667	\$ 600.78	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

1,719 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	4,551	14,389	\$ 1,761,262.09	\$ 122.40	8.371	\$ 387.01	\$
@PHYSICIANS SERVICES	219	1,249	\$ 35,609.92	\$ 28.51	.727	\$ 162.60	\$
OUTPATIENT VISITS	96	125	9,392.23	75.14	.073	97.84	
OFFICE VISITS	10	18	627.78	34.88	.010	62.78	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	86	107	8,764.45	81.91	.062	101.91	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	20	63	2,657.40	42.18	.037	132.87	
HOSPITAL VISITS	19	62	2,629.90	42.42	.036	138.42	

CRITICAL CARE	0	0		.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	1	1		27.50	27.50	.001	27.50
OPHTHALMOLOGICAL SERVICES	1	1		37.15	37.15	.001	37.15
EXAMINATIONS	1	1		37.15	37.15	.001	37.15
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	10	145		8,054.38	55.55	.084	805.44
PRINCIPAL SURGEON	7	13		6,264.70	481.90	.008	894.96
ASSISTANT SURGEON	2	2		762.48	381.24	.001	381.24
ANESTHESIOLOGIST	4	130		1,027.20	7.90	.076	256.80
OUTPATIENT SURGERY	9	20		3,235.72	161.79	.012	359.52
PRINCIPAL SURGEON	8	14		3,075.73	219.70	.008	384.47
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	1	6		159.99	26.67	.003	159.99
DIALYSIS	4	12		944.64	78.72	.007	236.16
PATHOLOGY	21	504		937.89	1.86	.293	44.66
RADIOLOGY	89	266		7,011.25	26.36	.155	78.78
PSYCHIATRY	0	0		.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	64	113		3,339.26	29.55	.066	52.18
@PHARMACY	1,661	3,279	\$	364,658.56	\$ 111.21	1.908	\$ 219.54
PRESCRIPTION DRUGS	1,656	3,247		363,210.54	111.86	1.889	219.33
SNF/ICF	982	1,689		239,087.60	141.56	.983	243.47
OUTPATIENTS	674	1,558		124,122.94	79.67	.906	184.16
MEDICAL SUPPLIES	25	32		1,448.02	45.25	.019	57.92
@DENTIST	807	3,025	\$	129,362.93	\$ 42.76	1.760	\$ 160.30
VISITS - DIAGNOSTIC	548	1,771		24,435.28	13.80	1.030	44.59
ORAL SURGERY	133	405		19,730.75	48.72	.236	148.35
DRUGS	1	1		15.00	15.00	.001	15.00
ANESTHESIA	8	8		700.00	87.50	.005	87.50
PERIODONTICS	42	41		4,016.75	97.97	.024	95.64
ENDODONTICS	28	49		8,762.44	178.83	.029	312.94
RESTORATIVE DENTISTRY	148	353		20,888.95	59.18	.205	141.14
PROSTHETICS	12	12		399.00	33.25	.007	33.25
DENTURES, STAYPLATES	117	364		50,414.76	138.50	.212	430.90
SPACE MAINTAINERS	0	0		.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00
ALL OTHER SERVICES	31	21		.00	.00	.012	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

	1,719 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	C E
@OPTOMETRIST	3	6	\$	120.53	\$ 20.09	.003	\$ 40.18	\$
DIAGNOSTIC AND ANC. PROCED	2	3		55.46	18.49	.002	27.73	
EYE APPLIANCES	1	3		65.07	21.69	.002	65.07	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	\$
VISITS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
@PODIATRIST	4	5	\$	13.68	\$ 2.74	.003	\$ 3.42	\$
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00
OTHER	4	5		13.68	2.74	.003	3.42
@HOME HEALTH AGENCY	3	8	\$	554.15	69.27	.005	184.72
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00
@TOTAL HOSPITAL	198	1,241	\$	436,782.55	351.96	.722	2205.97
HOSP INPATIENT TOTAL	58	254		407,994.71	1606.28	.148	7034.39
HSC HOSPITALS	42	224		305,897.01	1365.61	.130	7283.26
NON-HSC HOSPITAL TOTAL	13	30		97,873.50	3262.45	.017	7528.73
ACCOMMODATIONS	13	30		24,141.49	804.72	.017	1857.04
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	13	30		24,141.49	804.72	.017	1857.04
ANCILLARIES	13	0		73,732.01	.00	.000	5671.69
INPATIENT CROSSOVERS	5	0		4,224.20	.00	.000	844.84
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	147	987		28,787.84	29.17	.574	195.84
MEDICAL	51	73		3,229.43	44.24	.042	63.32
SURGERY	6	8		363.12	45.39	.005	60.52
PATHOLOGY	83	463		4,830.46	10.43	.269	58.20
RADIOLOGY	70	134		12,742.24	95.09	.078	182.03
ROOM USE	65	85		3,508.74	41.28	.049	53.98
CROSSOVERS/ALL OTH OUTPTNT	72	224		4,113.85	18.37	.130	57.14
@COUNTY HOSPITAL TOTAL	84	515	\$	119,797.83	232.62	.300	1426.16
CO HOSPITAL INPATIENT TOTAL	21	91		109,145.01	1199.40	.053	5197.38
HSC HOSPITALS	21	91		109,145.01	1199.40	.053	5197.38
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00

CO HOSP OUTPATIENT TOTAL	68	424	10,652.82	25.12	.247	156.66
MEDICAL	19	23	982.20	42.70	.013	51.69
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	40	224	2,262.22	10.10	.130	56.56
RADIOLOGY	32	61	4,851.57	79.53	.035	151.61
ROOM USE	35	42	1,567.28	37.32	.024	44.78
CROSSOVERS/ALL OTH OUTPTNT	32	74	989.55	13.37	.043	30.92

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

	1,719 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	116	726	\$	316,984.72	\$ 436.62	.422	\$ 2732.63	\$
COMM HOSP INPATIENT TOTAL	38	163		298,849.70	1833.43	.095	7864.47	
HSC HOSPITALS	21	133		196,752.00	1479.34	.077	9369.14	
NON-HSC HOSPITALS TOTAL	13	30		97,873.50	3262.45	.017	7528.73	
ACCOMMODATIONS	13	30		24,141.49	804.72	.017	1857.04	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	13	30		24,141.49	804.72	.017	1857.04	
ANCILLARIES	13	0		73,732.01	.00	.000	5671.69	
INPATIENT CROSSOVERS	5	0		4,224.20	.00	.000	844.84	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	80	563		18,135.02	32.21	.328	226.69	
MEDICAL	33	50		2,247.23	44.94	.029	68.10	
SURGERY	6	8		363.12	45.39	.005	60.52	
PATHOLOGY	44	239		2,568.24	10.75	.139	58.37	
RADIOLOGY	38	73		7,890.67	108.09	.042	207.65	
ROOM USE	31	43		1,941.46	45.15	.025	62.63	
CROSSOVERS/ALL OTH OUTPTNT	40	150		3,124.30	20.83	.087	78.11	
@STATE HOSPITAL	12	365	\$	245,927.50	\$ 673.77	.212	\$ 20493.96	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	12	365		245,927.50	673.77	.212	20493.96	
@NURSING FACILITY	39	1,113	\$	310,597.57	\$ 279.06	.647	\$ 7964.04	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	17	459		61,443.33	133.86	.267	3614.31	
LEV B-SUBACUTE FREESTANDING	2	52		19,333.08	371.79	.030	9666.54	
LEV B-SUBACUTE HSPTL BASED	10	365		203,037.55	556.27	.212	20303.76	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	10	237		26,783.61	113.01	.138	2678.36	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	6	60	\$	7,607.75	\$ 126.80	.035	\$ 1267.96	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	6	60		7,607.75	126.80	.035	1267.96	
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	
@LABORATORY FACILITY	9	80	\$	1,561.95	\$ 19.52	.047	\$ 173.55	\$
PATHOLOGY	9	80		1,561.95	19.52	.047	173.55	
XO AND OTHERS	0	0		.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	1,349	2,333	\$	180,876.65	\$ 77.53	1.357	\$ 134.08	\$

CLINIC	16	134	2,597.36	19.38	.078	162.34
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	1,336	2,199	178,279.29	81.07	1.279	133.44

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

1,719 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	-
@ALL OTHER PROVIDERS	592	1,625	\$ 47,588.35	\$ 29.29	.945	\$ 80.39	\$
DURABLE MED. EQUIP.	2	3	138.31	46.10	.002	69.16	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	21	207	5,570.85	26.91	.120	265.28	
AMBULANCES/AIR TRANS	20	182	3,667.54	20.15	.106	183.38	
OTHER TRANS	1	19	53.91	2.84	.011	53.91	
OTHER SERVICES	6	6	1,849.40	308.23	.003	308.23	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	7	109	7,584.22	69.58	.063	1083.46	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	48	179	20,967.61	117.14	.104	436.83	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	509	1,119	13,212.39	11.81	.651	25.96	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	1	2	13.84	6.92	.001	13.84	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	1	1	9.61	9.61	.001	9.61	
SPEECH AND AUDIOLOGY	1	1	33.03	33.03	.001	33.03	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	2	4	58.49	14.62	.002	29.25	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$
@XOVER EXCLUDING STATE HOSP**	51	140	\$ 8,854.79	\$ 63.25	.081	\$ 173.62	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	-
@TOTAL, ALL PROVIDERS	3	37	\$ 1,538.86	\$ 41.59	.000	\$ 512.95	\$
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	

PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00
SNF/ICF	0	0	.00	.00	.000	.00
OUTPATIENTS	0	0	.00	.00	.000	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00
@DENTIST	1	34	\$ 1,390.00	\$ 40.88	.000	\$ 1390.00
VISITS - DIAGNOSTIC	1	11	28.00	2.55	.000	28.00
ORAL SURGERY	0	4	159.00	39.75	.000	.00
DRUGS	0	1	25.00	25.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	5	355.00	71.00	.000	.00
RESTORATIVE DENTISTRY	0	13	823.00	63.31	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA						
MOP024 FEE-FOR-SERVICE/DENTAL						
MONTEREY COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND						
----- MONTHLY AVERAGE -						
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	E
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00

VISITS	0	0		.00	.00	.000	.00
OTHER SERVICES	0	0		.00	.00	.000	.00
@PODIATRIST	0	0	\$	.00	\$	.000	\$
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00
OTHER	0	0		.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$
@TOTAL HOSPITAL	0	0	\$	.00	\$	.000	\$
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00
MEDICAL	0	0		.00	.00	.000	.00
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	0	0		.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00
MEDICAL	0	0		.00	.00	.000	.00
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	0	0		.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						
MOP024	FEE-FOR-SERVICE/DENTAL						
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND						

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE		
							COST PER USER		
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00		\$

COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00
MEDICAL	0	0		.00	.00	.000	.00
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	0	0		.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$.00
ICF DDH	0	0		.00	.00	.000	.00
ICF DD	0	0		.00	.00	.000	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$.00 \$
PATHOLOGY	0	0		.00	.00	.000	.00
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	2	3	\$	148.86	\$	49.62	\$ 74.43 \$
CLINIC	0	0		.00	.00	.000	.00
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	2	3		148.86	49.62	.000	74.43

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

396 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	3,831	62,251	\$ 2,421,530.70	\$ 38.90	157.199	\$ 632.09	\$

@PHYSICIANS SERVICES	154	659	\$	33,666.37	\$	51.09	1.664	\$	218.61	\$	
OUTPATIENT VISITS	46	62		3,549.69		57.25	.157		77.17		
OFFICE VISITS	15	22		1,002.54		45.57	.056		66.84		
HOME VISITS	7	7		268.70		38.39	.018		38.39		
EMERGENCY ROOM	21	27		2,068.47		76.61	.068		98.50		
PREVENTIVE CARE	0	0		.00		.00	.000		.00		
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		
OTHER OUTPATIENT	6	6		209.98		35.00	.015		35.00		
INPATIENT VISITS	27	105		6,024.88		57.38	.265		223.14		
HOSPITAL VISITS	25	95		4,330.79		45.59	.240		173.23		
CRITICAL CARE	4	10		1,694.09		169.41	.025		423.52		
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		
OPHTHALMOLOGICAL SERVICES	2	3		101.58		33.86	.008		50.79		
EXAMINATIONS	2	3		101.58		33.86	.008		50.79		
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		
INPATIENT HOSPITAL SURGERY	19	153		11,603.36		75.84	.386		610.70		
PRINCIPAL SURGEON	15	21		6,801.28		323.87	.053		453.42		
ASSISTANT SURGEON	4	7		1,627.79		232.54	.018		406.95		
ANESTHESIOLOGIST	7	125		3,174.29		25.39	.316		453.47		
OUTPATIENT SURGERY	18	40		2,122.43		53.06	.101		117.91		
PRINCIPAL SURGEON	12	12		1,281.82		106.82	.030		106.82		
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		
ANESTHESIOLOGIST	6	28		840.61		30.02	.071		140.10		
DIALYSIS	20	45		4,434.78		98.55	.114		221.74		
PATHOLOGY	9	124		440.69		3.55	.313		48.97		
RADIOLOGY	38	72		1,997.33		27.74	.182		52.56		
PSYCHIATRY	0	0		.00		.00	.000		.00		
IMMUNIZATION AND INJECTION	1	1		1,001.96		1001.96	.003		1001.96		
OTHER SERVICES/ALL X-OVERS	33	54		2,389.67		44.25	.136		72.41		
@PHARMACY	2,120	22,694	\$	1,397,170.10	\$	61.57	57.308	\$	659.04	\$	
PRESCRIPTION DRUGS	2,069	5,139		1,383,134.65		269.14	12.977		668.50		
SNF/ICF	246	730		161,511.74		221.25	1.843		656.55		
OUTPATIENTS	1,843	4,409		1,221,622.91		277.07	11.134		662.84		
MEDICAL SUPPLIES	87	17,555		14,035.45		.80	44.331		161.33		
@DENTIST	598	2,610	\$	94,773.67	\$	36.31	6.591	\$	158.48	\$	
VISITS - DIAGNOSTIC	413	1,646		20,119.67		12.22	4.157		48.72		
ORAL SURGERY	137	437		27,074.75		61.96	1.104		197.63		
DRUGS	3	3		40.00		13.33	.008		13.33		
ANESTHESIA	10	10		1,000.00		100.00	.025		100.00		
PERIODONTICS	39	40		4,410.00		110.25	.101		113.08		
ENDODONTICS	21	27		5,227.00		193.59	.068		248.90		
RESTORATIVE DENTISTRY	151	346		18,279.55		52.83	.874		121.06		
PROSTHETICS	7	7		179.00		25.57	.018		25.57		
DENTURES, STAYPLATES	34	82		18,153.60		221.39	.207		533.93		
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		
MAXILLOFACIAL SERVICES	2	3		290.10		96.70	.008		145.05		
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		
ALL OTHER SERVICES	17	9		.00		.00	.023		.00		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005										PA
MOP024	FEE-FOR-SERVICE/DENTAL										
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED										

396 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
---------------	-------	-------------------------------------	--------------	------------------------------	---	------------------	--------

@OPTOMETRIST	2	6	\$	140.00	\$	23.33	.015	\$	70.00	\$
DIAGNOSTIC AND ANC. PROCED	2	3		86.89		28.96	.008		43.45	
EYE APPLIANCES	1	3		53.11		17.70	.008		53.11	
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	4	14	\$	131.35	\$	9.38	.035	\$	32.84	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	4	14		131.35		9.38	.035		32.84	
@HOME HEALTH AGENCY	19	2,030	\$	60,834.45	\$	29.97	5.126	\$	3201.81	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	143	1,368	\$	477,544.44	\$	349.08	3.455	\$	3339.47	\$
HOSP INPATIENT TOTAL	46	296		449,135.57		1517.35	.747		9763.82	
HSC HOSPITALS	30	284		412,013.00		1450.75	.717		13733.77	
NON-HSC HOSPITAL TOTAL	5	12		25,823.28		2151.94	.030		5164.66	
ACCOMMODATIONS	5	12		6,099.15		508.26	.030		1219.83	
ADMINISTRATIVE DAYS	1	3		693.90		231.30	.008		693.90	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	4	9		5,405.25		600.58	.023		1351.31	
ANCILLARIES	5	0		19,724.13		.00	.000		3944.83	
INPATIENT CROSSOVERS	16	0		11,299.29		.00	.000		706.21	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	102	1,072		28,408.87		26.50	2.707		278.52	
MEDICAL	37	64		3,626.88		56.67	.162		98.02	
SURGERY	11	13		921.29		70.87	.033		83.75	
PATHOLOGY	47	737		8,929.83		12.12	1.861		190.00	
RADIOLOGY	25	38		7,585.84		199.63	.096		303.43	
ROOM USE	40	58		2,614.57		45.08	.146		65.36	
CROSSOVERS/ALL OTH OUTPTNT	51	162		4,730.46		29.20	.409		92.75	
@COUNTY HOSPITAL TOTAL	45	262	\$	185,632.56	\$	708.52	.662	\$	4125.17	\$
CO HOSPITAL INPATIENT TOTAL	19	149		181,296.62		1216.76	.376		9541.93	
HSC HOSPITALS	14	146		175,352.00		1201.04	.369		12525.14	
NON-HSC HOSPITALS TOTAL	1	3		2,798.66		932.89	.008		2798.66	
ACCOMMODATIONS	1	3		693.90		231.30	.008		693.90	
ADMINISTRATIVE DAYS	1	3		693.90		231.30	.008		693.90	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	1	0		2,104.76		.00	.000		2104.76	
INPATIENT CROSSOVERS	5	0		3,145.96		.00	.000		629.19	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	28	113		4,335.94		38.37	.285		154.86	
MEDICAL	11	15		790.36		52.69	.038		71.85	
SURGERY	3	4		382.08		95.52	.010		127.36	
PATHOLOGY	11	54		686.42		12.71	.136		62.40	
RADIOLOGY	3	3		262.84		87.61	.008		87.61	
ROOM USE	15	17		643.42		37.85	.043		42.89	
CROSSOVERS/ALL OTH OUTPTNT	13	20		1,570.82		78.54	.051		120.83	

MONTEREY COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

396 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C F
@COMMUNITY HOSPITAL TOTAL	100	1,106	\$ 291,911.88	\$ 263.93	2.793	\$ 2919.12	\$
COMM HOSP INPATIENT TOTAL	27	147	267,838.95	1822.03	.371	9919.96	
HSC HOSPITALS	16	138	236,661.00	1714.93	.348	14791.31	
NON-HSC HOSPITALS TOTAL	4	9	23,024.62	2558.29	.023	5756.16	
ACCOMMODATIONS	4	9	5,405.25	600.58	.023	1351.31	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	4	9	5,405.25	600.58	.023	1351.31	
ANCILLARIES	4	0	17,619.37	.00	.000	4404.84	
INPATIENT CROSSOVERS	11	0	8,153.33	.00	.000	741.21	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	75	959	24,072.93	25.10	2.422	320.97	
MEDICAL	26	49	2,836.52	57.89	.124	109.10	
SURGERY	8	9	539.21	59.91	.023	67.40	
PATHOLOGY	36	683	8,243.41	12.07	1.725	228.98	
RADIOLOGY	22	35	7,323.00	209.23	.088	332.86	
ROOM USE	26	41	1,971.15	48.08	.104	75.81	
CROSSOVERS/ALL OTH OUTPTNT	38	142	3,159.64	22.25	.359	83.15	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	10	264	\$ 41,163.52	\$ 155.92	.667	\$ 4116.35	\$
LEV A-INTERMEDIATE	1	30	2,630.65	87.69	.076	2630.65	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	9	234	38,532.87	164.67	.591	4281.43	
@INTERMEDIATE CARE FACIL.-DD	12	357	\$ 59,122.77	\$ 165.61	.902	\$ 4926.90	\$
ICF DDH	12	357	59,122.77	165.61	.902	4926.90	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	19	1,736	\$ 55,172.70	\$ 31.78	4.384	\$ 2903.83	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	19	1,736	55,172.70	31.78	4.384	2903.83	
@REHABILITATION FACILITY	52	391	\$ 6,886.72	\$ 17.61	.987	\$ 132.44	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
INDEPENDENT FACILITY	52	391	6,886.72	17.61	.987	132.44	
@LABORATORY FACILITY	19	197	\$ 2,240.28	\$ 11.37	.497	\$ 117.91	\$
PATHOLOGY	19	197	2,240.28	11.37	.497	117.91	
XO AND OTHERS	0	0	.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	694	1,242	\$ 94,585.37	\$ 76.16	3.136	\$ 136.29	\$
CLINIC	8	111	2,173.03	19.58	.280	271.63	
SURGICENTER	0	0	.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	
RURAL HEALTH CLINIC	686	1,131	92,412.34	81.71	2.856	134.71	
#CALIF DEPT OF HEALTH SERV							PA
MOP024							
MONTEREY COUNTY							

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

396 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE - UNITS/DAYS	COST PER USER	C F
---------------	-------	------------------	--------------	--------------	---------------------------------	------------------	--------

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	F
@ALL OTHER PROVIDERS	439	28,683	\$	98,098.96	\$ 3.42	72.432	\$ 223.46	\$
DURABLE MED. EQUIP.	28	197		14,244.94	72.31	.497	508.75	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	16	693		8,781.14	12.67	1.750	548.82	
AMBULANCES/AIR TRANS	13	686		3,876.50	5.65	1.732	298.19	
OTHER TRANS	0	0		.00	.00	.000	.00	
OTHER SERVICES	7	7		4,904.64	700.66	.018	700.66	
ACUPUNCTURE	0	0		.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	
OPTICIAN	217	494		5,075.71	10.27	1.247	23.39	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	1	2		234.07	117.04	.005	234.07	
PROSTHETICS	1	2		234.07	117.04	.005	234.07	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	
HOSPICE SERVICES	1	23		2,976.66	129.42	.058	2976.66	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	163	26,026		62,098.92	2.39	65.722	380.97	
EPSDT SUPPLEMENTAL SERVICE	2	76		2,235.16	29.41	.192	1117.58	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	
ALL OTHER PROVIDERS	20	1,172		2,452.36	2.09	2.960	122.62	
@CALIF. CHILDREN SERVICES*	244	23,190	\$	419,122.27	\$ 18.07	58.561	\$ 1717.71	\$
@XOVER EXCLUDING STATE HOSP**	50	247	\$	20,458.61	\$ 82.83	.624	\$ 409.17	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL

MONTEREY COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

132,822 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	C F
@TOTAL, ALL PROVIDERS	79,559	312,248	\$ 25,064,895.62	\$ 80.27	2.351	\$ 315.05	\$
@PHYSICIANS SERVICES	8,209	24,704	\$ 2,046,095.93	\$ 82.82	.186	\$ 249.25	\$
OUTPATIENT VISITS	3,907	6,405	350,480.51	54.72	.048	89.71	
OFFICE VISITS	644	819	37,798.46	46.15	.006	58.69	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	1,905	2,122	128,353.39	60.49	.016	67.38	
PREVENTIVE CARE	3	3	160.89	53.63	.000	53.63	
OB VISITS/COMPRE PERI	1,392	3,262	176,085.04	53.98	.025	126.50	
OTHER OUTPATIENT	158	199	8,082.73	40.62	.001	51.16	
INPATIENT VISITS	1,017	4,288	445,470.81	103.89	.032	438.02	
HOSPITAL VISITS	929	2,598	135,173.25	52.03	.020	145.50	
CRITICAL CARE	188	1,690	310,297.56	183.61	.013	1650.52	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	40	61	3,132.69	51.36	.000	78.32	
EXAMINATIONS	40	61	3,132.69	51.36	.000	78.32	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	1,197	3,236	606,567.81	187.44	.024	506.74	
PRINCIPAL SURGEON	951	1,096	518,916.13	473.46	.008	545.65	
ASSISTANT SURGEON	118	118	21,596.79	183.02	.001	183.02	
ANESTHESIOLOGIST	250	2,022	66,054.89	32.67	.015	264.22	
OUTPATIENT SURGERY	682	1,474	105,237.35	71.40	.011	154.31	
PRINCIPAL SURGEON	597	890	81,532.06	91.61	.007	136.57	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	105	584	23,705.29	40.59	.004	225.76	
DIALYSIS	20	57	8,474.37	148.67	.000	423.72	
PATHOLOGY	438	1,662	15,964.81	9.61	.013	36.45	
RADIOLOGY	2,792	4,713	176,789.10	37.51	.035	63.32	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	224	523	13,094.32	25.04	.004	58.46	
OTHER SERVICES/ALL X-OVERS	1,145	2,285	320,884.16	140.43	.017	280.25	
@PHARMACY	7,929	22,679	\$ 1,320,998.33	\$ 58.25	.171	\$ 166.60	\$
PRESCRIPTION DRUGS	7,653	14,402	1,008,539.13	70.03	.108	131.78	
SNF/ICF	1	2	358.61	179.31	.000	358.61	
OUTPATIENTS	7,652	14,400	1,008,180.52	70.01	.108	131.75	
MEDICAL SUPPLIES	656	8,277	312,459.20	37.75	.062	476.31	
@DENTIST	19,314	109,948	\$ 2,807,886.22	\$ 25.54	.828	\$ 145.38	\$
VISITS - DIAGNOSTIC	16,016	77,382	959,244.20	12.40	.583	59.89	
ORAL SURGERY	2,329	4,807	303,899.41	63.22	.036	130.48	
DRUGS	2,898	3,305	76,323.29	23.09	.025	26.34	
ANESTHESIA	179	184	17,383.61	94.48	.001	97.12	
PERIODONTICS	381	384	40,331.88	105.03	.003	105.86	
ENDODONTICS	1,504	3,342	321,599.58	96.23	.025	213.83	
RESTORATIVE DENTISTRY	6,111	18,848	979,550.08	51.97	.142	160.29	
PROSTHETICS	84	89	2,016.00	22.65	.001	24.00	
DENTURES, STAYPLATES	105	431	36,510.10	84.71	.003	347.72	
SPACE MAINTAINERS	218	242	30,345.00	125.39	.002	139.20	
MAXILLOFACIAL SERVICES	19	21	4,447.59	211.79	.000	234.08	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	416	555	34,655.50	62.44	.004	83.31	
ALL OTHER SERVICES	474	358	1,579.98	4.41	.003	3.33	

MOP024
MONTEREY COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

132,822 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@OPTOMETRIST	6	21	\$ 378.78	\$ 18.04	.000	\$ 63.13	\$
DIAGNOSTIC AND ANC. PROCED	6	9	207.38	23.04	.000	34.56	
EYE APPLIANCES	4	12	171.40	14.28	.000	42.85	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	235	1,479	\$ 59,248.89	\$ 40.06	.011	\$ 252.12	\$
NURSE ANESTHESIST	1	18	274.83	\$ 15.27	.000	\$ 274.83	\$
NURSE MIDWIFE	1	1	70.62	\$ 70.62	.000	\$ 70.62	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$.00	\$
@TOTAL HOSPITAL	7,975	34,151	\$ 11,922,369.78	\$ 349.11	.257	\$ 1494.97	\$
HOSP INPATIENT TOTAL	1,706	7,182	11,132,972.96	1550.12	.054	6525.78	
HSC HOSPITALS	1,345	5,747	8,290,990.30	1442.66	.043	6164.31	
NON-HSC HOSPITAL TOTAL	361	1,435	2,838,092.47	1977.76	.011	7861.75	
ACCOMMODATIONS	361	1,435	860,413.66	599.59	.011	2383.42	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	361	1,435	860,413.66	599.59	.011	2383.42	
ANCILLARIES	361	0	1,977,678.81	.00	.000	5478.33	
INPATIENT CROSSOVERS	5	0	3,890.19	.00	.000	778.04	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	6,828	26,969	789,396.82	29.27	.203	115.61	
MEDICAL	856	1,244	69,334.09	55.73	.009	81.00	
SURGERY	181	213	10,362.97	48.65	.002	57.25	
PATHOLOGY	4,054	15,488	197,532.71	12.75	.117	48.73	
RADIOLOGY	1,932	2,604	292,152.00	112.19	.020	151.22	
ROOM USE	2,598	3,288	125,636.64	38.21	.025	48.36	
CROSSOVERS/ALL OTH OUTPTNT	2,130	4,132	94,378.41	22.84	.031	44.31	
@COUNTY HOSPITAL TOTAL	4,037	15,948	\$ 3,635,337.21	\$ 227.95	.120	\$ 900.50	\$
CO HOSPITAL INPATIENT TOTAL	984	2,759	3,317,473.69	1202.42	.021	3371.42	
HSC HOSPITALS	982	2,759	3,316,319.50	1202.00	.021	3377.11	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	2	0	1,154.19	.00	.000	577.10	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	3,315	13,189	317,863.52	24.10	.099	95.89	
MEDICAL	243	350	22,763.10	65.04	.003	93.68	
SURGERY	32	40	1,423.23	35.58	.000	44.48	
PATHOLOGY	2,259	8,779	121,032.68	13.79	.066	53.58	

RADIOLOGY	904	1,187	90,826.73	76.52	.009	100.47
ROOM USE	1,150	1,486	54,024.99	36.36	.011	46.98
CROSSOVERS/ALL OTH OUTPTNT	761	1,347	27,792.79	20.63	.010	36.52

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

	132,822 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	4,123	18,203	\$	8,287,032.57	\$ 455.26	.137	\$ 2009.95	\$
COMM HOSP INPATIENT TOTAL	730	4,423		7,815,499.27	1767.01	.033	10706.16	
HSC HOSPITALS	369	2,988		4,974,670.80	1664.88	.022	13481.49	
NON-HSC HOSPITALS TOTAL	361	1,435		2,838,092.47	1977.76	.011	7861.75	
ACCOMMODATIONS	361	1,435		860,413.66	599.59	.011	2383.42	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	361	1,435		860,413.66	599.59	.011	2383.42	
ANCILLARIES	361	0		1,977,678.81	.00	.000	5478.33	
INPATIENT CROSSOVERS	3	0		2,736.00	.00	.000	912.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	3,625	13,780		471,533.30	34.22	.104	130.08	
MEDICAL	615	894		46,570.99	52.09	.007	75.73	
SURGERY	149	173		8,939.74	51.67	.001	60.00	
PATHOLOGY	1,835	6,709		76,500.03	11.40	.051	41.69	
RADIOLOGY	1,046	1,417		201,325.27	142.08	.011	192.47	
ROOM USE	1,468	1,802		71,611.65	39.74	.014	48.78	
CROSSOVERS/ALL OTH OUTPTNT	1,380	2,785		66,585.62	23.91	.021	48.25	
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	20	970	\$	42,272.83	\$ 43.58	.007	\$ 2113.64	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	20	970		42,272.83	43.58	.007	2113.64	
@REHABILITATION FACILITY	169	1,126	\$	21,933.26	\$ 19.48	.008	\$ 129.78	\$
HOSPITAL BASED	37	70		4,183.93	59.77	.001	113.08	
INDEPENDENT FACILITY	132	1,056		17,749.33	16.81	.008	134.46	
@LABORATORY FACILITY	2,767	6,342	\$	148,897.09	\$ 23.48	.048	\$ 53.81	\$
PATHOLOGY	2,754	6,325		148,000.59	23.40	.048	53.74	
XO AND OTHERS	17	17		896.50	52.74	.000	52.74	
@ORGANIZED OUTPATIENT CLINIC	41,198	69,722	\$	6,173,422.10	\$ 88.54	.525	\$ 149.85	\$
CLINIC	349	1,477		35,536.06	24.06	.011	101.82	
SURGICENTER	0	0		.00	.00	.000	.00	
HEROIN DETOX CLINIC	1	9		120.78	13.42	.000	120.78	
RURAL HEALTH CLINIC	40,867	68,236		6,137,765.26	89.95	.514	150.19	

#CALIF DEPT OF HEALTH SERV
MOP024
MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

PA

	132,822 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	5,152	41,087	\$	521,046.96	\$ 12.68	.309	\$ 101.13	\$
DURABLE MED. EQUIP.	39	165		17,965.29	108.88	.001	460.65	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	37	263		12,948.41	49.23	.002	349.96	
MEDICAL TRANSPORTATION	359	8,829		187,460.97	21.23	.066	522.18	
AMBULANCES/AIR TRANS	355	8,727		100,286.73	11.49	.066	282.50	
OTHER TRANS	0	0		.00	.00	.000	.00	
OTHER SERVICES	101	102		87,174.24	854.65	.001	863.11	
ACUPUNCTURE	0	0		.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	663	665		69,729.00	104.86	.005	105.17	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	
OPTICIAN	2,201	4,664		43,533.12	9.33	.035	19.78	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	25	122		24,319.57	199.34	.001	972.78	
PROSTHETICS	25	122		24,319.57	199.34	.001	972.78	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	3	10		702.72	70.27	.000	234.24	
SPEECH AND AUDIOLOGY	3	7		287.73	41.10	.000	95.91	
HOSPICE SERVICES	1	13		1,565.98	120.46	.000	1565.98	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	1,836	26,253		148,465.21	5.66	.198	80.86	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	
ALL OTHER PROVIDERS	17	96		14,068.96	146.55	.001	827.59	
@CALIF. CHILDREN SERVICES*	2,697	31,674	\$	6,570,077.05	\$ 207.43	.238	\$ 2436.07	\$
@XOVER EXCLUDING STATE HOSP**	15	72	\$	5,474.09	\$ 76.03	.001	\$ 364.94	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

PA

	134,937 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	87,944	388,925	\$	29,249,227.27	\$ 75.21	2.882	\$ 332.59	\$
@PHYSICIANS SERVICES	8,582	26,612	\$	2,115,372.22	\$ 79.49	.197	\$ 246.49	\$
OUTPATIENT VISITS	4,049	6,592		363,422.43	55.13	.049	89.76	
OFFICE VISITS	669	859		39,428.78	45.90	.006	58.94	
HOME VISITS	7	7		268.70	38.39	.000	38.39	
EMERGENCY ROOM	2,012	2,256		139,186.31	61.70	.017	69.18	
PREVENTIVE CARE	3	3		160.89	53.63	.000	53.63	
OB VISITS/COMPRE PERI	1,392	3,262		176,085.04	53.98	.024	126.50	
OTHER OUTPATIENT	164	205		8,292.71	40.45	.002	50.57	
INPATIENT VISITS	1,064	4,456		454,153.09	101.92	.033	426.84	

HOSPITAL VISITS	973	2,755	142,133.94	51.59	.020	146.08
CRITICAL CARE	192	1,700	311,991.65	183.52	.013	1624.96
SNF/ICF/TRANS IP CARE	1	1	27.50	27.50	.000	27.50
OPHTHALMOLOGICAL SERVICES	43	65	3,271.42	50.33	.000	76.08
EXAMINATIONS	43	65	3,271.42	50.33	.000	76.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	1,226	3,534	626,225.55	177.20	.026	510.79
PRINCIPAL SURGEON	973	1,130	531,982.11	470.78	.008	546.74
ASSISTANT SURGEON	124	127	23,987.06	188.87	.001	193.44
ANESTHESIOLOGIST	261	2,277	70,256.38	30.85	.017	269.18
OUTPATIENT SURGERY	709	1,534	110,595.50	72.10	.011	155.99
PRINCIPAL SURGEON	617	916	85,889.61	93.77	.007	139.21
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	112	618	24,705.89	39.98	.005	220.59
DIALYSIS	44	114	13,853.79	121.52	.001	314.86
PATHOLOGY	468	2,290	17,343.39	7.57	.017	37.06
RADIOLOGY	2,919	5,051	185,797.68	36.78	.037	63.65
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	225	524	14,096.28	26.90	.004	62.65
OTHER SERVICES/ALL X-OVERS	1,242	2,452	326,613.09	133.20	.018	262.97
@PHARMACY	11,710	48,652	\$ 3,082,826.99	\$ 63.36	.361	\$ 263.26
PRESCRIPTION DRUGS	11,378	22,788	2,754,884.32	120.89	.169	242.12
SNF/ICF	1,229	2,421	400,957.95	165.62	.018	326.25
OUTPATIENTS	10,169	20,367	2,353,926.37	115.58	.151	231.48
MEDICAL SUPPLIES	768	25,864	327,942.67	12.68	.192	427.01
@DENTIST	20,720	115,617	\$ 3,033,412.82	\$ 26.24	.857	\$ 146.40
VISITS - DIAGNOSTIC	16,978	80,810	1,003,827.15	12.42	.599	59.13
ORAL SURGERY	2,599	5,653	350,863.91	62.07	.042	135.00
DRUGS	2,902	3,310	76,403.29	23.08	.025	26.33
ANESTHESIA	197	202	19,083.61	94.47	.001	96.87
PERIODONTICS	462	465	48,758.63	104.86	.003	105.54
ENDODONTICS	1,553	3,423	335,944.02	98.14	.025	216.32
RESTORATIVE DENTISTRY	6,410	19,560	1,019,541.58	52.12	.145	159.05
PROSTHETICS	103	108	2,594.00	24.02	.001	25.18
DENTURES, STAYPLATES	256	877	105,078.46	119.82	.006	410.46
SPACE MAINTAINERS	218	242	30,345.00	125.39	.002	139.20

MAXILLOFACIAL SERVICES	21	24	4,737.69	197.40	.000	225.60
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	416	555	34,655.50	62.44	.004	83.31
ALL OTHER SERVICES	522	388	1,579.98	4.07	.003	3.03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

134,937 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS COST PER C PER ELIG USER E
@OPTOMETRIST	11	33	\$ 639.31	\$ 19.37	.000 \$ 58.12 \$
DIAGNOSTIC AND ANC. PROCED	10	15	349.73	23.32	.000 34.97
EYE APPLIANCES	6	18	289.58	16.09	.000 48.26
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00
@CHIROPRACITOR	0	0	\$.00	\$.00	.000 \$.00 \$
VISITS	0	0	.00	.00	.000 .00
OTHER SERVICES	0	0	.00	.00	.000 .00
@PODIATRIST	8	19	\$ 145.03	\$ 7.63	.000 \$ 18.13 \$
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00
OTHER	8	19	145.03	7.63	.000 18.13
@HOME HEALTH AGENCY	257	3,517	\$ 120,637.49	\$ 34.30	.026 \$ 469.41 \$
NURSE ANESTHESIST	1	18	\$ 274.83	\$ 15.27	.000 \$ 274.83 \$
NURSE MIDWIFE	1	1	\$ 70.62	\$ 70.62	.000 \$ 70.62 \$
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$
@TOTAL HOSPITAL	8,316	36,760	\$ 12,836,696.77	\$ 349.20	.272 \$ 1543.61 \$
HOSP INPATIENT TOTAL	1,810	7,732	11,990,103.24	1550.71	.057 6624.37
HSC HOSPITALS	1,417	6,255	9,008,900.31	1440.27	.046 6357.73
NON-HSC HOSPITAL TOTAL	379	1,477	2,961,789.25	2005.27	.011 7814.75
ACCOMMODATIONS	379	1,477	890,654.30	603.02	.011 2350.01
ADMINISTRATIVE DAYS	1	3	693.90	231.30	.000 693.90
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00
ALL OTHER ACCOM	378	1,474	889,960.40	603.77	.011 2354.39
ANCILLARIES	379	0	2,071,134.95	.00	.000 5464.74
INPATIENT CROSSOVERS	26	0	19,413.68	.00	.000 746.68
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00
HOSP OUTPATIENT TOTAL	7,077	29,028	846,593.53	29.16	.215 119.63
MEDICAL	944	1,381	76,190.40	55.17	.010 80.71
SURGERY	198	234	11,647.38	49.78	.002 58.83
PATHOLOGY	4,184	16,688	211,293.00	12.66	.124 50.50
RADIOLOGY	2,027	2,776	312,480.08	112.56	.021 154.16
ROOM USE	2,703	3,431	131,759.95	38.40	.025 48.75
CROSSOVERS/ALL OTH OUTPTNT	2,253	4,518	103,222.72	22.85	.033 45.82
@COUNTY HOSPITAL TOTAL	4,166	16,725	\$ 3,940,767.60	\$ 235.62	.124 \$ 945.94 \$
CO HOSPITAL INPATIENT TOTAL	1,024	2,999	3,607,915.32	1203.04	.022 3523.35
HSC HOSPITALS	1,017	2,996	3,600,816.51	1201.87	.022 3540.63
NON-HSC HOSPITALS TOTAL	1	3	2,798.66	932.89	.000 2798.66
ACCOMMODATIONS	1	3	693.90	231.30	.000 693.90
ADMINISTRATIVE DAYS	1	3	693.90	231.30	.000 693.90
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00
ANCILLARIES	1	0	2,104.76	.00	.000 2104.76
INPATIENT CROSSOVERS	7	0	4,300.15	.00	.000 614.31

ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	3,411	13,726	332,852.28	24.25	.102	97.58
MEDICAL	273	388	24,535.66	63.24	.003	89.87
SURGERY	35	44	1,805.31	41.03	.000	51.58
PATHOLOGY	2,310	9,057	123,981.32	13.69	.067	53.67
RADIOLOGY	939	1,251	95,941.14	76.69	.009	102.17
ROOM USE	1,200	1,545	56,235.69	36.40	.011	46.86
CROSSOVERS/ALL OTH OUTPTNT	806	1,441	30,353.16	21.06	.011	37.66

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

134,937 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	4,339	20,035	\$ 8,895,929.17	\$ 444.02	.148	\$ 2050.23	\$
COMM HOSP INPATIENT TOTAL	795	4,733	8,382,187.92	1771.01	.035	10543.63	
HSC HOSPITALS	406	3,259	5,408,083.80	1659.43	.024	13320.40	
NON-HSC HOSPITALS TOTAL	378	1,474	2,958,990.59	2007.46	.011	7828.02	
ACCOMMODATIONS	378	1,474	889,960.40	603.77	.011	2354.39	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	378	1,474	889,960.40	603.77	.011	2354.39	
ANCILLARIES	378	0	2,069,030.19	.00	.000	5473.62	
INPATIENT CROSSOVERS	19	0	15,113.53	.00	.000	795.45	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	3,780	15,302	513,741.25	33.57	.113	135.91	
MEDICAL	674	993	51,654.74	52.02	.007	76.64	
SURGERY	163	190	9,842.07	51.80	.001	60.38	
PATHOLOGY	1,915	7,631	87,311.68	11.44	.057	45.59	
RADIOLOGY	1,106	1,525	216,538.94	141.99	.011	195.79	
ROOM USE	1,525	1,886	75,524.26	40.04	.014	49.52	
CROSSOVERS/ALL OTH OUTPTNT	1,458	3,077	72,869.56	23.68	.023	49.98	
@STATE HOSPITAL	12	365	\$ 245,927.50	\$ 673.77	.003	\$ 20493.96	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	12	365	245,927.50	673.77	.003	20493.96	
@NURSING FACILITY	49	1,377	\$ 351,761.09	\$ 255.45	.010	\$ 7178.80	\$
LEV A-INTERMEDIATE	1	30	2,630.65	87.69	.000	2630.65	
LEV B-REHAB MD	17	459	61,443.33	133.86	.003	3614.31	
LEV B-SUBACUTE FREESTANDING	2	52	19,333.08	371.79	.000	9666.54	
LEV B-SUBACUTE HSPTL BASED	10	365	203,037.55	556.27	.003	20303.76	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	19	471	65,316.48	138.68	.003	3437.71	
@INTERMEDIATE CARE FACIL.-DD	12	357	\$ 59,122.77	\$ 165.61	.003	\$ 4926.90	\$
ICF DDH	12	357	59,122.77	165.61	.003	4926.90	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	45	2,766	\$ 105,053.28	\$ 37.98	.020	\$ 2334.52	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	45	2,766	105,053.28	37.98	.020	2334.52	
@REHABILITATION FACILITY	221	1,517	\$ 28,819.98	\$ 19.00	.011	\$ 130.41	\$
HOSPITAL BASED	37	70	4,183.93	59.77	.001	113.08	
INDEPENDENT FACILITY	184	1,447	24,636.05	17.03	.011	133.89	
@LABORATORY FACILITY	2,795	6,619	\$ 152,699.32	\$ 23.07	.049	\$ 54.63	\$
PATHOLOGY	2,782	6,602	151,802.82	22.99	.049	54.57	
XO AND OTHERS	17	17	896.50	52.74	.000	52.74	

@ORGANIZED OUTPATIENT CLINIC	43,243	73,300	\$	6,449,032.98	\$	87.98	.543	\$	149.13	\$
CLINIC	373	1,722		40,306.45		23.41	.013		108.06	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	1	9		120.78		13.42	.000		120.78	
RURAL HEALTH CLINIC	42,891	71,569		6,408,605.75		89.54	.530		149.42	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
134,937 ELIGIBLES							
@ALL OTHER PROVIDERS	6,183	71,395	\$ 666,734.27	\$ 9.34	.529	\$ 107.83	\$
DURABLE MED. EQUIP.	69	365	32,348.54	88.63	.003	468.82	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	37	263	12,948.41	49.23	.002	349.96	
MEDICAL TRANSPORTATION	396	9,729	201,812.96	20.74	.072	509.63	
AMBULANCES/AIR TRANS	388	9,595	107,830.77	11.24	.071	277.91	
OTHER TRANS	1	19	53.91	2.84	.000	53.91	
OTHER SERVICES	114	115	93,928.28	816.77	.001	823.93	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	7	109	7,584.22	69.58	.001	1083.46	
GENETIC DISEASE TESTING	663	665	69,729.00	104.86	.005	105.17	
IHMC,MODEL-NF,NF,AIDS,MSSP	48	179	20,967.61	117.14	.001	436.83	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	2,927	6,277	61,821.22	9.85	.047	21.12	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	1	2	13.84	6.92	.000	13.84	
PROSTHETIST/ORTHOTISTS	26	124	24,553.64	198.01	.001	944.37	
PROSTHETICS	26	124	24,553.64	198.01	.001	944.37	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	4	11	712.33	64.76	.000	178.08	
SPEECH AND AUDIOLOGY	4	8	320.76	40.10	.000	80.19	
HOSPICE SERVICES	2	36	4,542.64	126.18	.000	2271.32	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	1,999	52,279	210,564.13	4.03	.387	105.33	
EPSDT SUPPLEMENTAL SERVICE	2	76	2,235.16	29.41	.001	1117.58	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	39	1,272	16,579.81	13.03	.009	425.12	
@CALIF. CHILDREN SERVICES*	2,941	54,864	\$ 6,989,199.32	\$ 127.39	.407	\$ 2376.47	\$
@XOVER EXCLUDING STATE HOSP**	116	459	\$ 34,787.49	\$ 75.79	.003	\$ 299.89	\$

* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
27,705 ELIGIBLES							
@TOTAL, ALL PROVIDERS	15,415	57,627	\$ 3,423,566.04	\$ 59.41	2.080	\$ 222.09	\$
@PHYSICIANS SERVICES	1,799	3,436	\$ 165,006.00	\$ 48.02	.124	\$ 91.72	\$
OUTPATIENT VISITS	1,123	1,339	56,560.30	42.24	.048	50.37	
OFFICE VISITS	718	867	31,836.27	36.72	.031	44.34	
HOME VISITS	0	0	.00	.00	.000	.00	

EMERGENCY ROOM	381	423		22,656.27	53.56	.015	59.47	
PREVENTIVE CARE	2	2		99.78	49.89	.000	49.89	
OB VISITS/COMPRE PERI	5	6		569.89	94.98	.000	113.98	
OTHER OUTPATIENT	33	41		1,398.09	34.10	.001	42.37	
INPATIENT VISITS	91	436		43,873.72	100.63	.016	482.13	
HOSPITAL VISITS	81	287		16,071.88	56.00	.010	198.42	
CRITICAL CARE	18	149		27,801.84	186.59	.005	1544.55	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	18	29		919.84	31.72	.001	51.10	
EXAMINATIONS	18	29		919.84	31.72	.001	51.10	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	28	139		11,292.96	81.24	.005	403.32	
PRINCIPAL SURGEON	19	22		8,283.98	376.54	.001	436.00	
ASSISTANT SURGEON	1	1		84.51	84.51	.000	84.51	
ANESTHESIOLOGIST	10	116		2,924.47	25.21	.004	292.45	
OUTPATIENT SURGERY	94	303		14,586.43	48.14	.011	155.17	
PRINCIPAL SURGEON	63	75		9,288.06	123.84	.003	147.43	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	33	228		5,298.37	23.24	.008	160.56	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	53	117		2,006.31	17.15	.004	37.85	
RADIOLOGY	559	780		20,071.83	25.73	.028	35.91	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	13	1		37.21CR	37.21CR	.000	2.86CR	
OTHER SERVICES/ALL X-OVERS	148	292		15,731.82	53.88	.011	106.30	
@PHARMACY	2,645	6,425	\$	149,875.60	23.33	.232	56.66	\$
PRESCRIPTION DRUGS	2,632	4,346		143,497.91	33.02	.157	54.52	
SNF/ICF	0	0		.00	.00	.000	.00	
OUTPATIENTS	2,632	4,346		143,497.91	33.02	.157	54.52	
MEDICAL SUPPLIES	58	2,079		6,377.69	3.07	.075	109.96	
@DENTIST	2,208	18,210	\$	457,204.17	25.11	.657	207.07	\$
VISITS - DIAGNOSTIC	1,962	12,426		142,436.20	11.46	.449	72.60	
ORAL SURGERY	277	605		35,765.00	59.12	.022	129.12	
DRUGS	522	692		16,202.70	23.41	.025	31.04	
ANESTHESIA	18	20		1,900.00	95.00	.001	105.56	
PERIODONTICS	6	6		527.00	87.83	.000	87.83	
ENDODONTICS	271	738		55,907.00	75.75	.027	206.30	
RESTORATIVE DENTISTRY	832	3,544		189,639.10	53.51	.128	227.93	
PROSTHETICS	9	11		278.00	25.27	.000	30.89	
DENTURES, STAYPLATES	1	1		65.00	65.00	.000	65.00	
SPACE MAINTAINERS	63	84		11,501.00	136.92	.003	182.56	
MAXILLOFACIAL SERVICES	2	3		388.17	129.39	.000	194.09	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	38	56		2,465.00	44.02	.002	64.87	
ALL OTHER SERVICES	41	24		130.00	5.42	.001	3.17	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							PA
MOP024	FEE-FOR-SERVICE/DENTAL							
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W							
						-----	MONTHLY AVERAGE -	
27,705 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E
@OPTOMETRIST	247	651	\$	13,552.21	\$ 20.82	.023	\$ 54.87	\$
DIAGNOSTIC AND ANC. PROCED	215	296		8,334.34	28.16	.011	38.76	
EYE APPLIANCES	125	345		4,940.34	14.32	.012	39.52	
OTHER OPTOMETRIC SERVICES	10	10		277.53	27.75	.000	27.75	

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	7	11	\$	727.98	\$	66.18	.000	\$	104.00	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	1,379	4,691	\$	1,296,966.37	\$	276.48	.169	\$	940.51	\$
HOSP INPATIENT TOTAL	87	720		1,186,628.34		1648.09	.026		13639.41	
HSC HOSPITALS	64	650		1,007,812.00		1550.48	.023		15747.06	
NON-HSC HOSPITAL TOTAL	24	70		178,816.34		2554.52	.003		7450.68	
ACCOMMODATIONS	24	70		53,736.83		767.67	.003		2239.03	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	24	70		53,736.83		767.67	.003		2239.03	
ANCILLARIES	24	0		125,079.51		.00	.000		5211.65	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	1,304	3,971		110,338.03		27.79	.143		84.62	
MEDICAL	242	372		20,323.19		54.63	.013		83.98	
SURGERY	41	41		2,038.27		49.71	.001		49.71	
PATHOLOGY	521	1,689		18,873.54		11.17	.061		36.23	
RADIOLOGY	416	469		27,122.89		57.83	.017		65.20	
ROOM USE	640	758		28,145.01		37.13	.027		43.98	
CROSSOVERS/ALL OTH OUTPTNT	419	642		13,835.13		21.55	.023		33.02	
@COUNTY HOSPITAL TOTAL	534	1,583	\$	235,701.09	\$	148.90	.057	\$	441.39	\$
CO HOSPITAL INPATIENT TOTAL	33	164		202,880.00		1237.07	.006		6147.88	
HSC HOSPITALS	33	164		202,880.00		1237.07	.006		6147.88	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	501	1,419	32,821.09	23.13	.051	65.51
MEDICAL	66	104	8,111.38	77.99	.004	122.90
SURGERY	2	2	89.77	44.89	.000	44.89
PATHOLOGY	225	692	7,599.01	10.98	.025	33.77
RADIOLOGY	154	174	5,626.30	32.34	.006	36.53
ROOM USE	230	254	8,694.89	34.23	.009	37.80
CROSSOVERS/ALL OTH OUTPTNT	152	193	2,699.74	13.99	.007	17.76

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

	27,705 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE - COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	849	3,108	\$	1,061,265.28	\$ 341.46	.112	\$ 1250.02	\$
COMM HOSP INPATIENT TOTAL	54	556		983,748.34	1769.33	.020	18217.56	
HSC HOSPITALS	31	486		804,932.00	1656.24	.018	25965.55	
NON-HSC HOSPITALS TOTAL	24	70		178,816.34	2554.52	.003	7450.68	
ACCOMMODATIONS	24	70		53,736.83	767.67	.003	2239.03	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	24	70		53,736.83	767.67	.003	2239.03	
ANCILLARIES	24	0		125,079.51	.00	.000	5211.65	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	806	2,552		77,516.94	30.37	.092	96.17	
MEDICAL	176	268		12,211.81	45.57	.010	69.39	
SURGERY	39	39		1,948.50	49.96	.001	49.96	
PATHOLOGY	296	997		11,274.53	11.31	.036	38.09	
RADIOLOGY	262	295		21,496.59	72.87	.011	82.05	
ROOM USE	410	504		19,450.12	38.59	.018	47.44	
CROSSOVERS/ALL OTH OUTPTNT	267	449		11,135.39	24.80	.016	41.71	
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	
@REHABILITATION FACILITY	49	289	\$	5,737.10	\$ 19.85	.010	\$ 117.08	\$

HOSPITAL BASED	20	26		1,386.32		53.32	.001	69.32	
INDEPENDENT FACILITY	29	263		4,350.78		16.54	.009	150.03	
@LABORATORY FACILITY	584	947	\$	11,734.97	\$	12.39	.034	20.09	\$
PATHOLOGY	584	947		11,734.97		12.39	.034	20.09	
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	8,621	11,851	\$	1,250,760.28	\$	105.54	.428	145.08	\$
CLINIC	42	73		2,468.42		33.81	.003	58.77	
SURGICENTER	2	7		291.21		41.60	.000	145.61	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	8,584	11,771		1,248,000.65		106.02	.425	145.39	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

							----- MONTHLY AVERAGE -		
27,705 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	455	11,116	\$	72,001.36	\$	6.48	.401	158.24	\$
DURABLE MED. EQUIP.	9	21		2,025.64		96.46	.001	225.07	
BLOOD BANK	0	0		.00		.00	.000	.00	
HEARING AID DISPENSERS	8	44		5,224.70		118.74	.002	653.09	
MEDICAL TRANSPORTATION	40	1,114		22,852.33		20.51	.040	571.31	
AMBULANCES/AIR TRANS	39	1,101		12,293.05		11.17	.040	315.21	
OTHER TRANS	0	0		.00		.00	.000	.00	
OTHER SERVICES	12	13		10,559.28		812.25	.000	879.94	
ACUPUNCTURE	0	0		.00		.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00	
GENETIC DISEASE TESTING	32	32		3,360.00		105.00	.001	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00		.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00	
OPTICIAN	210	438		3,600.69		8.22	.016	17.15	
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00	
PORTABLE X-RAY	0	0		.00		.00	.000	.00	
PROSTHETIST/ORTHOTISTS	8	16		1,904.41		119.03	.001	238.05	
PROSTHETICS	8	16		1,904.41		119.03	.001	238.05	
ORTHOTICS	0	0		.00		.00	.000	.00	
PSYCHOLOGIST	0	0		.00		.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00	
HOSPICE SERVICES	0	0		.00		.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00	
LOCAL EDUCATION AGENCIES	148	5,771		32,645.51		5.66	.208	220.58	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	
ALL OTHER PROVIDERS	2	3,680		388.08		.11	.133	194.04	
@CALIF. CHILDREN SERVICES*	357	3,604	\$	1,109,974.78	\$	307.98	.130	3109.17	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	.00	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
--------------	-------	-------------------------------------	--	--------------	--	------------------------------	------------------------	------------------	--------

@TOTAL, ALL PROVIDERS	75	690	\$	267,160.94	\$	387.19	57.500	\$	3562.15	\$	2
@PHYSICIANS SERVICES	38	250	\$	21,460.20	\$	85.84	20.833	\$	564.74	\$	
OUTPATIENT VISITS	5	6		459.71		76.62	.500		91.94		
OFFICE VISITS	1	1		142.77		142.77	.083		142.77		
HOME VISITS	0	0		.00		.00	.000		.00		
EMERGENCY ROOM	2	3		287.69		95.90	.250		143.85		
PREVENTIVE CARE	0	0		.00		.00	.000		.00		
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		
OTHER OUTPATIENT	2	2		29.25		14.63	.167		14.63		
INPATIENT VISITS	8	56		4,894.59		87.40	4.667		611.82		
HOSPITAL VISITS	8	40		2,099.21		52.48	3.333		262.40		
CRITICAL CARE	3	16		2,795.38		174.71	1.333		931.79		
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		
EXAMINATIONS	0	0		.00		.00	.000		.00		
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		
INPATIENT HOSPITAL SURGERY	15	104		12,615.83		121.31	8.667		841.06		
PRINCIPAL SURGEON	11	19		9,760.51		513.71	1.583		887.32		
ASSISTANT SURGEON	1	2		364.59		182.30	.167		364.59		
ANESTHESIOLOGIST	5	83		2,490.73		30.01	6.917		498.15		
OUTPATIENT SURGERY	3	3		695.75		231.92	.250		231.92		
PRINCIPAL SURGEON	3	3		695.75		231.92	.250		231.92		
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		
DIALYSIS	0	0		.00		.00	.000		.00		
PATHOLOGY	0	0		.00		.00	.000		.00		
RADIOLOGY	13	73		2,510.88		34.40	6.083		193.14		
PSYCHIATRY	0	0		.00		.00	.000		.00		
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		
OTHER SERVICES/ALL X-OVERS	4	8		283.44		35.43	.667		70.86		
@PHARMACY	2	32	\$	200.77	\$	6.27	2.667	\$	100.39	\$	
PRESCRIPTION DRUGS	1	1		22.19		22.19	.083		22.19		
SNF/ICF	0	0		.00		.00	.000		.00		
OUTPATIENTS	1	1		22.19		22.19	.083		22.19		
MEDICAL SUPPLIES	1	31		178.58		5.76	2.583		178.58		
@DENTIST	14	55	\$	2,933.00	\$	53.33	4.583	\$	209.50	\$	
VISITS - DIAGNOSTIC	9	27		490.95		18.18	2.250		54.55		
ORAL SURGERY	3	8		1,330.00		166.25	.667		443.33		
DRUGS	2	2		30.00		15.00	.167		15.00		
ANESTHESIA	2	2		300.00		150.00	.167		150.00		
PERIODONTICS	0	1		118.00		118.00	.083		.00		
ENDODONTICS	0	0		.00		.00	.000		.00		
RESTORATIVE DENTISTRY	5	15		664.05		44.27	1.250		132.81		
PROSTHETICS	0	0		.00		.00	.000		.00		
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		
ALL OTHER SERVICES	1	0		.00		.00	.000		.00		

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005								PA
MOP024	FEE-FOR-SERVICE/DENTAL								
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MIC - SOC								
	AID CODE 83								

12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE -	UNITS/DAYS	COST PER	C
--------------	-------	------------------	--------------	--------------	-------------------	------------	----------	---

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	F
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	
EYE APPLIANCES	0	0		.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$
VISITS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	
OTHER	0	0		.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$
@TOTAL HOSPITAL	15	204	\$	238,110.07	\$ 1167.21	17.000	\$ 15874.00	\$ 1
HOSP INPATIENT TOTAL	12	191		237,496.24	1243.44	15.917	19791.35	1
HSC HOSPITALS	11	168		198,464.83	1181.34	14.000	18042.26	1
NON-HSC HOSPITAL TOTAL	2	23		39,031.41	1697.02	1.917	19515.71	
ACCOMMODATIONS	2	23		19,507.13	848.14	1.917	9753.57	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	2	23		19,507.13	848.14	1.917	9753.57	
ANCILLARIES	2	0		19,524.28	.00	.000	9762.14	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	3	13		613.83	47.22	1.083	204.61	
MEDICAL	1	1		10.17	10.17	.083	10.17	
SURGERY	0	0		.00	.00	.000	.00	
PATHOLOGY	1	5		47.18	9.44	.417	47.18	
RADIOLOGY	2	3		326.17	108.72	.250	163.09	
ROOM USE	1	2		68.20	34.10	.167	68.20	
CROSSOVERS/ALL OTH OUTPTNT	2	2		162.11	81.06	.167	81.06	
@COUNTY HOSPITAL TOTAL	4	27	\$	34,680.00	\$ 1284.44	2.250	\$ 8670.00	\$
CO HOSPITAL INPATIENT TOTAL	4	27		34,680.00	1284.44	2.250	8670.00	
HSC HOSPITALS	4	27		34,680.00	1284.44	2.250	8670.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	
MEDICAL	0	0		.00	.00	.000	.00	
SURGERY	0	0		.00	.00	.000	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	
ROOM USE	0	0		.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	

MOP024
MONTEREY COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MIC - SOC

AID CODE 83

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS COST PER PER ELIG USER	C E
@COMMUNITY HOSPITAL TOTAL	11	177	\$ 203,430.07	\$ 1149.32	14.750 \$ 18493.64	\$ 1
COMM HOSP INPATIENT TOTAL	8	164	202,816.24	1236.68	13.667 25352.03	1
HSC HOSPITALS	7	141	163,784.83	1161.59	11.750 23397.83	1
NON-HSC HOSPITALS TOTAL	2	23	39,031.41	1697.02	1.917 19515.71	
ACCOMMODATIONS	2	23	19,507.13	848.14	1.917 9753.57	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00	
ALL OTHER ACCOM	2	23	19,507.13	848.14	1.917 9753.57	
ANCILLARIES	2	0	19,524.28	.00	.000 9762.14	
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00	
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00	
COMM HOSP OUTPATIENT TOTAL	3	13	613.83	47.22	1.083 204.61	
MEDICAL	1	1	10.17	10.17	.083 10.17	
SURGERY	0	0	.00	.00	.000 .00	
PATHOLOGY	1	5	47.18	9.44	.417 47.18	
RADIOLOGY	2	3	326.17	108.72	.250 163.09	
ROOM USE	1	2	68.20	34.10	.167 68.20	
CROSSOVERS/ALL OTH OUTPTNT	2	2	162.11	81.06	.167 81.06	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$
MENTALLY ILL	0	0	.00	.00	.000 .00	
DEVELOP. DISABLED	0	0	.00	.00	.000 .00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000 .00	
LEV B-REHAB MD	0	0	.00	.00	.000 .00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000 .00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000 .00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00	
LEV B-REGULAR	0	0	.00	.00	.000 .00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000 \$.00	\$
ICF DDH	0	0	.00	.00	.000 .00	
ICF DD	0	0	.00	.00	.000 .00	

ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00
@REHABILITATION FACILITY	1	3	\$	63.57	\$	.250	\$ 63.57
HOSPITAL BASED	0	0		.00	.00	.000	.00
INDEPENDENT FACILITY	1	3		63.57	21.19	.250	63.57
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	8	11	\$	805.48	\$	.917	\$ 100.69
CLINIC	0	0		.00	.00	.000	.00
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	8	11		805.48	73.23	.917	100.69

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	9	135	\$ 3,587.85	\$ 26.58	11.250	\$ 398.65	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	1	2	56.40	28.20	.167	56.40	
MEDICAL TRANSPORTATION	4	121	3,405.44	28.14	10.083	851.36	
AMBULANCES/AIR TRANS	4	120	1,605.44	13.38	10.000	401.36	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	1	1	1,800.00	1800.00	.083	1800.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	2	4	33.28	8.32	.333	16.64	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	2	8	92.73	11.59	.667	46.37	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	48	641	\$ 262,458.41	\$ 409.45	53.417	\$ 5467.88	\$ 2
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024
MONTEREY COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

	27,717 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@TOTAL, ALL PROVIDERS	15,490	58,317	\$	3,690,726.98	\$ 63.29	2.104	\$ 238.27	\$
@PHYSICIANS SERVICES	1,837	3,686	\$	186,466.20	\$ 50.59	.133	\$ 101.51	\$
OUTPATIENT VISITS	1,128	1,345		57,020.01	42.39	.049	50.55	
OFFICE VISITS	719	868		31,979.04	36.84	.031	44.48	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	383	426		22,943.96	53.86	.015	59.91	
PREVENTIVE CARE	2	2		99.78	49.89	.000	49.89	
OB VISITS/COMPRE PERI	5	6		569.89	94.98	.000	113.98	
OTHER OUTPATIENT	35	43		1,427.34	33.19	.002	40.78	
INPATIENT VISITS	99	492		48,768.31	99.12	.018	492.61	
HOSPITAL VISITS	89	327		18,171.09	55.57	.012	204.17	
CRITICAL CARE	21	165		30,597.22	185.44	.006	1457.01	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	18	29		919.84	31.72	.001	51.10	
EXAMINATIONS	18	29		919.84	31.72	.001	51.10	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	43	243		23,908.79	98.39	.009	556.02	
PRINCIPAL SURGEON	30	41		18,044.49	440.11	.001	601.48	
ASSISTANT SURGEON	2	3		449.10	149.70	.000	224.55	
ANESTHESIOLOGIST	15	199		5,415.20	27.21	.007	361.01	
OUTPATIENT SURGERY	97	306		15,282.18	49.94	.011	157.55	
PRINCIPAL SURGEON	66	78		9,983.81	128.00	.003	151.27	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	33	228		5,298.37	23.24	.008	160.56	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	53	117		2,006.31	17.15	.004	37.85	
RADIOLOGY	572	853		22,582.71	26.47	.031	39.48	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	13	1		37.21CR	37.21CR	.000	2.86CR	
OTHER SERVICES/ALL X-OVERS	152	300		16,015.26	53.38	.011	105.36	
@PHARMACY	2,647	6,457	\$	150,076.37	\$ 23.24	.233	\$ 56.70	\$
PRESCRIPTION DRUGS	2,633	4,347		143,520.10	33.02	.157	54.51	
SNF/ICF	0	0		.00	.00	.000	.00	
OUTPATIENTS	2,633	4,347		143,520.10	33.02	.157	54.51	
MEDICAL SUPPLIES	59	2,110		6,556.27	3.11	.076	111.12	
@DENTIST	2,222	18,265	\$	460,137.17	\$ 25.19	.659	\$ 207.08	\$
VISITS - DIAGNOSTIC	1,971	12,453		142,927.15	11.48	.449	72.52	
ORAL SURGERY	280	613		37,095.00	60.51	.022	132.48	
DRUGS	524	694		16,232.70	23.39	.025	30.98	
ANESTHESIA	20	22		2,200.00	100.00	.001	110.00	
PERIODONTICS	6	7		645.00	92.14	.000	107.50	
ENDODONTICS	271	738		55,907.00	75.75	.027	206.30	
RESTORATIVE DENTISTRY	837	3,559		190,303.15	53.47	.128	227.36	
PROSTHETICS	9	11		278.00	25.27	.000	30.89	
DENTURES, STAYPLATES	1	1		65.00	65.00	.000	65.00	
SPACE MAINTAINERS	63	84		11,501.00	136.92	.003	182.56	
MAXILLOFACIAL SERVICES	2	3		388.17	129.39	.000	194.09	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	38	56		2,465.00	44.02	.002	64.87	
ALL OTHER SERVICES	42	24		130.00	5.42	.001	3.10	

#CALIF DEPT OF HEALTH SERV
MOP024
MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

27,717 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	247	651	\$ 13,552.21	\$ 20.82	.023	\$ 54.87	\$
DIAGNOSTIC AND ANC. PROCED	215	296	8,334.34	28.16	.011	38.76	
EYE APPLIANCES	125	345	4,940.34	14.32	.012	39.52	
OTHER OPTOMETRIC SERVICES	10	10	277.53	27.75	.000	27.75	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	7	11	\$ 727.98	\$ 66.18	.000	\$ 104.00	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	1,394	4,895	\$ 1,535,076.44	\$ 313.60	.177	\$ 1101.20	\$
HOSP INPATIENT TOTAL	99	911	1,424,124.58	1563.25	.033	14385.10	
HSC HOSPITALS	75	818	1,206,276.83	1474.67	.030	16083.69	
NON-HSC HOSPITAL TOTAL	26	93	217,847.75	2342.45	.003	8378.76	
ACCOMMODATIONS	26	93	73,243.96	787.57	.003	2817.08	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	26	93	73,243.96	787.57	.003	2817.08	
ANCILLARIES	26	0	144,603.79	.00	.000	5561.68	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	1,307	3,984	110,951.86	27.85	.144	84.89	
MEDICAL	243	373	20,333.36	54.51	.013	83.68	
SURGERY	41	41	2,038.27	49.71	.001	49.71	
PATHOLOGY	522	1,694	18,920.72	11.17	.061	36.25	
RADIOLOGY	418	472	27,449.06	58.15	.017	65.67	
ROOM USE	641	760	28,213.21	37.12	.027	44.01	
CROSSOVERS/ALL OTH OUTPTNT	421	644	13,997.24	21.73	.023	33.25	
@COUNTY HOSPITAL TOTAL	538	1,610	\$ 270,381.09	\$ 167.94	.058	\$ 502.57	\$
CO HOSPITAL INPATIENT TOTAL	37	191	237,560.00	1243.77	.007	6420.54	
HSC HOSPITALS	37	191	237,560.00	1243.77	.007	6420.54	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	501	1,419	32,821.09	23.13	.051	65.51	
MEDICAL	66	104	8,111.38	77.99	.004	122.90	
SURGERY	2	2	89.77	44.89	.000	44.89	

PATHOLOGY	225	692	7,599.01	10.98	.025	33.77
RADIOLOGY	154	174	5,626.30	32.34	.006	36.53
ROOM USE	230	254	8,694.89	34.23	.009	37.80
CROSSEOVERS/ALL OTH OUTPTNT	152	193	2,699.74	13.99	.007	17.76

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

27,717 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	860	3,285	\$ 1,264,695.35	\$ 384.99	.119	\$ 1470.58	\$
COMM HOSP INPATIENT TOTAL	62	720	1,186,564.58	1648.01	.026	19138.14	
HSC HOSPITALS	38	627	968,716.83	1545.00	.023	25492.55	
NON-HSC HOSPITALS TOTAL	26	93	217,847.75	2342.45	.003	8378.76	
ACCOMMODATIONS	26	93	73,243.96	787.57	.003	2817.08	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	26	93	73,243.96	787.57	.003	2817.08	
ANCILLARIES	26	0	144,603.79	.00	.000	5561.68	
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	809	2,565	78,130.77	30.46	.093	96.58	
MEDICAL	177	269	12,221.98	45.43	.010	69.05	
SURGERY	39	39	1,948.50	49.96	.001	49.96	
PATHOLOGY	297	1,002	11,321.71	11.30	.036	38.12	
RADIOLOGY	264	298	21,822.76	73.23	.011	82.66	
ROOM USE	411	506	19,518.32	38.57	.018	47.49	
CROSSEOVERS/ALL OTH OUTPTNT	269	451	11,297.50	25.05	.016	42.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	50	292	\$ 5,800.67	\$ 19.87	.011	\$ 116.01	\$
HOSPITAL BASED	20	26	1,386.32	53.32	.001	69.32	
INDEPENDENT FACILITY	30	266	4,414.35	16.60	.010	147.15	
@LABORATORY FACILITY	584	947	\$ 11,734.97	\$ 12.39	.034	\$ 20.09	\$
PATHOLOGY	584	947	11,734.97	12.39	.034	20.09	
XO AND OTHERS	0	0	.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	8,629	11,862	\$ 1,251,565.76	\$ 105.51	.428	\$ 145.04	\$
CLINIC	42	73	2,468.42	33.81	.003	58.77	
SURGICENTER	2	7	291.21	41.60	.000	145.61	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	

RURAL HEALTH CLINIC	8,592	11,782	1,248,806.13	105.99	.425	145.35	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL						

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
27,717 ELIGIBLES							
@ALL OTHER PROVIDERS	464	11,251	\$ 75,589.21	\$ 6.72	.406	\$ 162.91	\$
DURABLE MED. EQUIP.	9	21	2,025.64	96.46	.001	225.07	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	9	46	5,281.10	114.81	.002	586.79	
MEDICAL TRANSPORTATION	44	1,235	26,257.77	21.26	.045	596.77	
AMBULANCES/AIR TRANS	43	1,221	13,898.49	11.38	.044	323.22	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	13	14	12,359.28	882.81	.001	950.71	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	32	32	3,360.00	105.00	.001	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	212	442	3,633.97	8.22	.016	17.14	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	8	16	1,904.41	119.03	.001	238.05	
PROSTHETICS	8	16	1,904.41	119.03	.001	238.05	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	150	5,779	32,738.24	5.67	.209	218.25	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	2	3,680	388.08	.11	.133	194.04	
@CALIF. CHILDREN SERVICES*	405	4,245	\$ 1,372,433.19	\$ 323.31	.153	\$ 3388.72	\$

@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.										
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005									PA
MOP024	FEE-FOR-SERVICE/DENTAL									
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81									
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	----- MONTHLY AVERAGE -			
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@PHYSICIANS SERVICES	0	0	\$	.00	\$	.00	.000	\$	.00	\$
OUTPATIENT VISITS	0	0		.00		.00	.000		.00	
OFFICE VISITS	0	0		.00		.00	.000		.00	
HOME VISITS	0	0		.00		.00	.000		.00	
EMERGENCY ROOM	0	0		.00		.00	.000		.00	
PREVENTIVE CARE	0	0		.00		.00	.000		.00	
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00	
OTHER OUTPATIENT	0	0		.00		.00	.000		.00	
INPATIENT VISITS	0	0		.00		.00	.000		.00	
HOSPITAL VISITS	0	0		.00		.00	.000		.00	
CRITICAL CARE	0	0		.00		.00	.000		.00	
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00	
EXAMINATIONS	0	0		.00		.00	.000		.00	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
DIALYSIS	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00	
@PHARMACY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00	
SNF/ICF	0	0		.00		.00	.000		.00	
OUTPATIENTS	0	0		.00		.00	.000		.00	
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00	
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00	
ORAL SURGERY	0	0		.00		.00	.000		.00	
DRUGS	0	0		.00		.00	.000		.00	
ANESTHESIA	0	0		.00		.00	.000		.00	
PERIODONTICS	0	0		.00		.00	.000		.00	
ENDODONTICS	0	0		.00		.00	.000		.00	
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00	
PROSTHETICS	0	0		.00		.00	.000		.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00	

SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
MOP024	FEE-FOR-SERVICE/DENTAL					
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81					
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
OTHER	0	0	.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE - COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$
PATHOLOGY	0	0	.00	.00	.000	.00	

XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$.00 \$
CLINIC	0	0		.00	.00	.000	.00
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	0	0	\$	.00	\$.00	.000	\$.00	\$
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	
OTHER TRANS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
ACUPUNCTURE	0	0		.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	
OPTICIAN	0	0		.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	347	1,319	\$	221,471.93	\$ 167.91	439.667	\$ 638.25	\$ 7
@PHYSICIANS SERVICES	9	87	\$	9,366.38	\$ 107.66	29.000	\$ 1040.71	\$
OUTPATIENT VISITS	3	8		556.99	69.62	2.667	185.66	
OFFICE VISITS	0	0		.00	.00	.000	.00	

HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	3	8	556.99	69.62	2.667	185.66	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	5	45	6,685.44	148.57	15.000	1337.09	
HOSPITAL VISITS	1	7	403.27	57.61	2.333	403.27	
CRITICAL CARE	4	38	6,282.17	165.32	12.667	1570.54	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	1	11	1,229.92	111.81	3.667	1229.92	
PRINCIPAL SURGEON	1	1	890.94	890.94	.333	890.94	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	1	10	338.98	33.90	3.333	338.98	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	2	14	28.32	2.02	4.667	14.16	
RADIOLOGY	2	4	133.49	33.37	1.333	66.75	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	4	5	732.22	146.44	1.667	183.06	
@PHARMACY	0	1	\$ 10.19CR	\$ 10.19CR	.333	\$.00	\$
PRESCRIPTION DRUGS	0	1	10.19CR	10.19CR	.333	.00	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	0	1	10.19CR	10.19CR	.333	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	30	150	\$ 6,932.60	\$ 46.22	50.000	\$ 231.09	\$
VISITS - DIAGNOSTIC	22	71	1,244.25	17.52	23.667	56.56	
ORAL SURGERY	8	25	1,810.00	72.40	8.333	226.25	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	

PERIODONTICS	1	1	118.00	118.00	.333	118.00
ENDODONTICS	1	1	260.00	260.00	.333	260.00
RESTORATIVE DENTISTRY	15	52	3,500.35	67.31	17.333	233.36
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	31	123	\$ 135,311.30	\$ 1100.09	41.000	\$ 4364.88	\$ 4
HOSP INPATIENT TOTAL	7	95	134,226.00	1412.91	31.667	19175.14	4
HSC HOSPITALS	7	95	134,226.00	1412.91	31.667	19175.14	4
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	24	28	1,085.30	38.76	9.333	45.22	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	1	5	95.61	19.12	1.667	95.61	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	23	23	989.69	43.03	7.667	43.03	
@COUNTY HOSPITAL TOTAL	5	56	\$ 67,575.00	\$ 1206.70	18.667	\$ 13515.00	\$ 2
CO HOSPITAL INPATIENT TOTAL	5	56	67,575.00	1206.70	18.667	13515.00	2
HSC HOSPITALS	5	56	67,575.00	1206.70	18.667	13515.00	2
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	

ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
 MOP024 FEE-FOR-SERVICE/DENTAL
 MONTEREY COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C F
@COMMUNITY HOSPITAL TOTAL	26	67	\$ 67,736.30	\$ 1010.99	22.333	\$ 2605.24	\$ 2
COMM HOSP INPATIENT TOTAL	2	39	66,651.00	1709.00	13.000	33325.50	2
HSC HOSPITALS	2	39	66,651.00	1709.00	13.000	33325.50	2
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	24	28	1,085.30	38.76	9.333	45.22	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	1	5	95.61	19.12	1.667	95.61	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	23	23	989.69	43.03	7.667	43.03	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	1	3	\$	100.00	\$	33.33	1.000	\$	100.00	\$
PATHOLOGY	1	3		100.00		33.33	1.000		100.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	259	756	\$	61,510.92	\$	81.36	252.000	\$	237.49	\$ 2
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	259	756		61,510.92		81.36	252.000		237.49	2

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C
@ALL OTHER PROVIDERS	40	199	\$ 8,260.92	\$ 41.51	66.333	\$ 206.52	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	3	155	4,873.08	31.44	51.667	1624.36	
AMBULANCES/AIR TRANS	3	153	2,323.08	15.18	51.000	774.36	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	2	2	2,550.00	1275.00	.667	1275.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	32	32	3,288.00	102.75	10.667	102.75	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	6	12	99.84	8.32	4.000	16.64	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	11	370	\$ 141,410.83	\$ 382.19	123.333	\$ 12855.53	\$ 4
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

03 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	MONTHLY AVERAGE - C
--------------	-------	------------------	--------------	--------------	------------	----------	------------------------

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	F
@TOTAL, ALL PROVIDERS	347	1,319	\$	221,471.93	\$ 167.91	439.667	\$ 638.25	\$ 7
@PHYSICIANS SERVICES	9	87	\$	9,366.38	\$ 107.66	29.000	\$ 1040.71	\$
OUTPATIENT VISITS	3	8		556.99	69.62	2.667	185.66	
OFFICE VISITS	0	0		.00	.00	.000	.00	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	0	0		.00	.00	.000	.00	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	3	8		556.99	69.62	2.667	185.66	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	
INPATIENT VISITS	5	45		6,685.44	148.57	15.000	1337.09	
HOSPITAL VISITS	1	7		403.27	57.61	2.333	403.27	
CRITICAL CARE	4	38		6,282.17	165.32	12.667	1570.54	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	1	11		1,229.92	111.81	3.667	1229.92	
PRINCIPAL SURGEON	1	1		890.94	890.94	.333	890.94	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	1	10		338.98	33.90	3.333	338.98	
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	2	14		28.32	2.02	4.667	14.16	
RADIOLOGY	2	4		133.49	33.37	1.333	66.75	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	4	5		732.22	146.44	1.667	183.06	
@PHARMACY	0	1	\$	10.19CR	\$ 10.19CR	.333	\$.00	\$
PRESCRIPTION DRUGS	0	1		10.19CR	10.19CR	.333	.00	
SNF/ICF	0	0		.00	.00	.000	.00	
OUTPATIENTS	0	1		10.19CR	10.19CR	.333	.00	
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	
@DENTIST	30	150	\$	6,932.60	\$ 46.22	50.000	\$ 231.09	\$
VISITS - DIAGNOSTIC	22	71		1,244.25	17.52	23.667	56.56	
ORAL SURGERY	8	25		1,810.00	72.40	8.333	226.25	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	
PERIODONTICS	1	1		118.00	118.00	.333	118.00	
ENDODONTICS	1	1		260.00	260.00	.333	260.00	
RESTORATIVE DENTISTRY	15	52		3,500.35	67.31	17.333	233.36	
PROSTHETICS	0	0		.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	
ALL OTHER SERVICES	1	0		.00	.00	.000	.00	

@CALIF DEPT OF HEALTH SERV
 MOP024
 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

----- MONTHLY AVERAGE -

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$
@TOTAL HOSPITAL	31	123 \$	135,311.30	\$ 1100.09	41.000	\$ 4364.88	\$ 4
HOSP INPATIENT TOTAL	7	95	134,226.00	1412.91	31.667	19175.14	4
HSC HOSPITALS	7	95	134,226.00	1412.91	31.667	19175.14	4
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	24	28	1,085.30	38.76	9.333	45.22	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	1	5	95.61	19.12	1.667	95.61	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	

CROSSOVERS/ALL OTH OUTPTNT	23	23		989.69	43.03	7.667	43.03	
@COUNTY HOSPITAL TOTAL	5	56	\$	67,575.00	\$ 1206.70	18.667	\$ 13515.00	\$ 2
CO HOSPITAL INPATIENT TOTAL	5	56		67,575.00	1206.70	18.667	13515.00	2
HSC HOSPITALS	5	56		67,575.00	1206.70	18.667	13515.00	2
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	
MEDICAL	0	0		.00	.00	.000	.00	
SURGERY	0	0		.00	.00	.000	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	
ROOM USE	0	0		.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	26	67	\$ 67,736.30	\$ 1010.99	22.333	\$ 2605.24	\$ 2
COMM HOSP INPATIENT TOTAL	2	39	66,651.00	1709.00	13.000	33325.50	2
HSC HOSPITALS	2	39	66,651.00	1709.00	13.000	33325.50	2
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	24	28	1,085.30	38.76	9.333	45.22	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	1	5	95.61	19.12	1.667	95.61	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	23	23	989.69	43.03	7.667	43.03	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$
ICF DDH	0	0	.00	.00	.000	.00	

ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	1	3	\$ 100.00	\$ 33.33	1.000	\$ 100.00
PATHOLOGY	1	3	100.00	33.33	1.000	100.00
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	259	756	\$ 61,510.92	\$ 81.36	252.000	\$ 237.49
CLINIC	0	0	.00	.00	.000	.00
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	259	756	61,510.92	81.36	252.000	237.49
#CALIF DEPT OF HEALTH SERV						
MOP024						
MONTEREY COUNTY						

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	40	199	\$ 8,260.92	\$ 41.51	66.333	\$ 206.52	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	3	155	4,873.08	31.44	51.667	1624.36	
AMBULANCES/AIR TRANS	3	153	2,323.08	15.18	51.000	774.36	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	2	2	2,550.00	1275.00	.667	1275.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	32	32	3,288.00	102.75	10.667	102.75	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	6	12	99.84	8.32	4.000	16.64	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	11	370	\$ 141,410.83	\$ 382.19	123.333	\$ 12855.53	\$ 4
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV
MOP024
MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MIA - SOC - LTC

PA

AID CODE 53

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	8	47	\$ 2,874.39	\$ 61.16	47.000	\$ 359.30	\$
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	5	42	\$ 2,586.35	\$ 61.58	42.000	\$ 517.27	\$
PRESCRIPTION DRUGS	5	42	2,586.35	61.58	42.000	517.27	
SNF/ICF	5	42	2,586.35	61.58	42.000	517.27	
OUTPATIENTS	0	0	.00	.00	.000	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	

ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
MOP024	FEE-FOR-SERVICE/DENTAL					
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC					
	AID CODE 53					
					----- MONTHLY AVERAGE -	
01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
OTHER	0	0	.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00
@TOTAL HOSPITAL	1	2 \$	23.40	\$ 11.70	2.000	\$ 23.40
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	1	2	23.40	11.70	2.000	23.40
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	1	2	23.40	11.70	2.000	23.40
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00

SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@COMMUNITY HOSPITAL TOTAL	1	2	\$ 23.40	\$ 11.70	2.000	\$ 23.40	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	1	2	23.40	11.70	2.000	23.40	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	1	2	23.40	11.70	2.000	23.40	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
LEV B-REGULAR	0	0		.00		.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00 \$
ICF DDH	0	0		.00		.00	.000	.00	
ICF DD	0	0		.00		.00	.000	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
PATHOLOGY	0	0		.00		.00	.000	.00	
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	242.74	\$	242.74	1.000	\$	242.74 \$
CLINIC	0	0		.00		.00	.000	.00	
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	1	1		242.74		242.74	1.000		242.74
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005								
MOP024	FEE-FOR-SERVICE/DENTAL								
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC								
				AID CODE 53					

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	1	2	\$ 21.90	\$ 10.95	2.000	\$ 21.90	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	1	2	21.90	10.95	2.000	21.90	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	

@CALIF. CHILDREN SERVICES* 0 0 \$.00 \$.00 .000 \$.00 \$
 @XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$
 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
 MOP024 FEE-FOR-SERVICE/DENTAL
 MONTEREY COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C E
@TOTAL, ALL PROVIDERS	3	11	\$ 525.67	\$ 47.79	.000	\$ 175.22	\$
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	1	9	\$ 368.00	\$ 40.89	.000	\$ 368.00	\$
VISITS - DIAGNOSTIC	1	3	110.00	36.67	.000	110.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	1	6	258.00	43.00	.000	258.00	
PROSTHETICS	0	0	.00	.00	.000	.00	

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA						
MOP024 FEE-FOR-SERVICE/DENTAL						
MONTEREY COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87						
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
OTHER	0	0	.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00

ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS COST PER	C E
					PER ELIG USER	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000 \$.00	\$
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$

PATHOLOGY	0	0		.00		.00	.000	.00	
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	52.67	\$	52.67	.000	\$ 52.67 \$	
CLINIC	0	0		.00		.00	.000	.00	
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	1	1		52.67		52.67	.000	52.67	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005								PA
MOP024	FEE-FOR-SERVICE/DENTAL								
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT								
	AID CODE 87								

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	1	1	\$ 105.00	\$ 105.00	.000	\$ 105.00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
 MOP024 FEE-FOR-SERVICE/DENTAL
 MONTEREY COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@TOTAL, ALL PROVIDERS	11	58	\$ 3,400.06	\$ 58.62	58.000	\$ 309.10	\$
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	5	42	\$ 2,586.35	\$ 61.58	42.000	\$ 517.27	\$
PRESCRIPTION DRUGS	5	42	2,586.35	61.58	42.000	517.27	
SNF/ICF	5	42	2,586.35	61.58	42.000	517.27	
OUTPATIENTS	0	0	.00	.00	.000	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	1	9	\$ 368.00	\$ 40.89	9.000	\$ 368.00	\$
VISITS - DIAGNOSTIC	1	3	110.00	36.67	3.000	110.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	

ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	1	6	258.00	43.00	6.000	258.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C E
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
@TOTAL HOSPITAL	1	2	\$ 23.40	\$ 11.70	2.000	\$ 23.40	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	1	2	23.40	11.70	2.000	23.40	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	1	2	23.40	11.70	2.000	23.40	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	1	2	\$ 23.40	\$ 11.70	2.000	\$ 23.40	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	1	2	23.40	11.70	2.000	23.40	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	1	2	23.40	11.70	2.000	23.40	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	

HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$.00 \$
PATHOLOGY	0	0		.00	.00	.000	.00
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$	295.41	\$	147.71	\$ 147.71 \$
CLINIC	0	0		.00	.00	.000	.00
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	2	2		295.41	147.71	2.000	147.71

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	2	3	\$ 126.90	\$ 42.30	3.000	\$ 63.45	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	1	1	105.00	105.00	1.000	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	1	2	21.90	10.95	2.000	21.90	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

----- MONTHLY AVERAGE -

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	0	0	.00	\$.00	.000	\$.00	\$
@PHYSICIANS SERVICES	0	0	.00	\$.00	.000	\$.00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	0	0	.00	\$.00	.000	\$.00	\$
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00 \$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00
ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
MOP024	FEE-FOR-SERVICE/DENTAL					
MONTEREY COUNTY	SUMMARY OF SERVICES FOR FOR FUTURE USE					

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		C E
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	\$
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	

ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00 \$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
MOP024	FEE-FOR-SERVICE/DENTAL					
MONTEREY COUNTY	SUMMARY OF SERVICES FOR FOR FUTURE USE					

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	- C E
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$

ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00
CLINIC	0	0	.00	.00	.000	.00
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C F
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -		C E
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	358	1,377	\$ 224,871.99	\$ 163.31	344.250	\$ 628.13	\$ 5
@PHYSICIANS SERVICES	9	87	\$ 9,366.38	\$ 107.66	21.750	\$ 1040.71	\$
OUTPATIENT VISITS	3	8	556.99	69.62	2.000	185.66	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	3	8	556.99	69.62	2.000	185.66	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	5	45	6,685.44	148.57	11.250	1337.09	
HOSPITAL VISITS	1	7	403.27	57.61	1.750	403.27	
CRITICAL CARE	4	38	6,282.17	165.32	9.500	1570.54	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	1	11	1,229.92	111.81	2.750	1229.92	
PRINCIPAL SURGEON	1	1	890.94	890.94	.250	890.94	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	1	10	338.98	33.90	2.500	338.98	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	2	14	28.32	2.02	3.500	14.16	
RADIOLOGY	2	4	133.49	33.37	1.000	66.75	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	4	5	732.22	146.44	1.250	183.06	
@PHARMACY	5	43	\$ 2,576.16	\$ 59.91	10.750	\$ 515.23	\$
PRESCRIPTION DRUGS	5	43	2,576.16	59.91	10.750	515.23	
SNF/ICF	5	42	2,586.35	61.58	10.500	517.27	
OUTPATIENTS	0	1	10.19CR	10.19CR	.250	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	31	159	\$ 7,300.60	\$ 45.92	39.750	\$ 235.50	\$
VISITS - DIAGNOSTIC	23	74	1,354.25	18.30	18.500	58.88	
ORAL SURGERY	8	25	1,810.00	72.40	6.250	226.25	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	1	1	118.00	118.00	.250	118.00	
ENDODONTICS	1	1	260.00	260.00	.250	260.00	
RESTORATIVE DENTISTRY	16	58	3,758.35	64.80	14.500	234.90	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	

ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	C E
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00	\$
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
OTHER	0	0	.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00	\$
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00	\$
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$
@TOTAL HOSPITAL	32	125	\$ 135,334.70	\$ 1082.68	31.250 \$ 4229.21	\$ 3
HOSP INPATIENT TOTAL	7	95	134,226.00	1412.91	23.750 19175.14	3
HSC HOSPITALS	7	95	134,226.00	1412.91	23.750 19175.14	3
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00

HOSP OUTPATIENT TOTAL	25	30		1,108.70	36.96	7.500	44.35	
MEDICAL	0	0		.00	.00	.000	.00	
SURGERY	0	0		.00	.00	.000	.00	
PATHOLOGY	2	7		119.01	17.00	1.750	59.51	
RADIOLOGY	0	0		.00	.00	.000	.00	
ROOM USE	0	0		.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	23	23		989.69	43.03	5.750	43.03	
@COUNTY HOSPITAL TOTAL	5	56	\$	67,575.00	\$ 1206.70	14.000	\$ 13515.00	\$ 1
CO HOSPITAL INPATIENT TOTAL	5	56		67,575.00	1206.70	14.000	13515.00	1
HSC HOSPITALS	5	56		67,575.00	1206.70	14.000	13515.00	1
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	
MEDICAL	0	0		.00	.00	.000	.00	
SURGERY	0	0		.00	.00	.000	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	
ROOM USE	0	0		.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C F
@COMMUNITY HOSPITAL TOTAL	27	69	\$ 67,759.70	\$ 982.02	17.250	\$ 2509.62	\$ 1
COMM HOSP INPATIENT TOTAL	2	39	66,651.00	1709.00	9.750	33325.50	1
HSC HOSPITALS	2	39	66,651.00	1709.00	9.750	33325.50	1
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	25	30	1,108.70	36.96	7.500	44.35	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	2	7	119.01	17.00	1.750	59.51	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	23	23	989.69	43.03	5.750	43.03	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	

LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00 \$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	
@LABORATORY FACILITY	1	3	\$	100.00	\$ 33.33	.750	\$ 100.00 \$	
PATHOLOGY	1	3		100.00	33.33	.750	100.00	
XO AND OTHERS	0	0		.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	261	758	\$	61,806.33	\$ 81.54	189.500	\$ 236.81 \$ 1	
CLINIC	0	0		.00	.00	.000	.00	
SURGICENTER	0	0		.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	
RURAL HEALTH CLINIC	261	758		61,806.33	81.54	189.500	236.81 1	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							PA
MOP024	FEE-FOR-SERVICE/DENTAL							
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL							

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@ALL OTHER PROVIDERS	42	202	\$ 8,387.82	\$ 41.52	50.500	\$ 199.71	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	3	155	4,873.08	31.44	38.750	1624.36	
AMBULANCES/AIR TRANS	3	153	2,323.08	15.18	38.250	774.36	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	2	2	2,550.00	1275.00	.500	1275.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	33	33	3,393.00	102.82	8.250	102.82	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	7	14	121.74	8.70	3.500	17.39	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	11	370	\$ 141,410.83	\$ 382.19	92.500	\$ 12855.53 \$ 3
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00 \$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR ALL AGED

1,862 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C F
@TOTAL, ALL PROVIDERS	9,642	41,213	\$ 2,906,232.20	\$ 70.52	22.134	\$ 301.41	\$
@PHYSICIANS SERVICES	256	1,351	\$ 37,032.53	\$ 27.41	.726	\$ 144.66	\$
OUTPATIENT VISITS	97	126	9,429.73	74.84	.068	97.21	
OFFICE VISITS	11	19	665.28	35.01	.010	60.48	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	86	107	8,764.45	81.91	.057	101.91	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	20	63	2,657.40	42.18	.034	132.87	
HOSPITAL VISITS	19	62	2,629.90	42.42	.033	138.42	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	1	1	27.50	27.50	.001	27.50	
OPHTHALMOLOGICAL SERVICES	1	1	37.15	37.15	.001	37.15	
EXAMINATIONS	1	1	37.15	37.15	.001	37.15	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	10	145	8,054.38	55.55	.078	805.44	
PRINCIPAL SURGEON	7	13	6,264.70	481.90	.007	894.96	
ASSISTANT SURGEON	2	2	762.48	381.24	.001	381.24	
ANESTHESIOLOGIST	4	130	1,027.20	7.90	.070	256.80	
OUTPATIENT SURGERY	9	20	3,235.72	161.79	.011	359.52	
PRINCIPAL SURGEON	8	14	3,075.73	219.70	.008	384.47	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	1	6	159.99	26.67	.003	159.99	
DIALYSIS	4	12	944.64	78.72	.006	236.16	
PATHOLOGY	21	504	937.89	1.86	.271	44.66	
RADIOLOGY	89	266	7,011.25	26.36	.143	78.78	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	101	214	4,724.37	22.08	.115	46.78	
@PHARMACY	2,485	4,702	\$ 533,845.63	\$ 113.54	2.525	\$ 214.83	\$
PRESCRIPTION DRUGS	2,475	4,654	531,945.23	114.30	2.499	214.93	
SNF/ICF	1,095	1,885	261,090.88	138.51	1.012	238.44	
OUTPATIENTS	1,380	2,769	270,854.35	97.82	1.487	196.27	
MEDICAL SUPPLIES	38	48	1,900.40	39.59	.026	50.01	
@DENTIST	2,012	8,064	\$ 343,066.16	\$ 42.54	4.331	\$ 170.51	\$
VISITS - DIAGNOSTIC	1,360	4,968	61,716.83	12.42	2.668	45.38	
ORAL SURGERY	348	1,076	54,294.70	50.46	.578	156.02	
DRUGS	1	1	15.00	15.00	.001	15.00	
ANESTHESIA	24	25	2,100.00	84.00	.013	87.50	
PERIODONTICS	98	100	9,919.25	99.19	.054	101.22	
ENDODONTICS	84	120	23,327.88	194.40	.064	277.71	
RESTORATIVE DENTISTRY	342	795	52,191.45	65.65	.427	152.61	

PROSTHETICS	38	39	1,135.00	29.10	.021	29.87
DENTURES, STAYPLATES	348	896	138,366.05	154.43	.481	397.60
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	74	44	.00	.00	.024	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR ALL AGED

1,862 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	3	6	\$ 120.53	\$ 20.09	.003	\$ 40.18	\$
DIAGNOSTIC AND ANC. PROCED	2	3	55.46	18.49	.002	27.73	
EYE APPLIANCES	1	3	65.07	21.69	.002	65.07	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	1	3	\$ 50.16	\$ 16.72	.002	\$ 50.16	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	1	3	50.16	16.72	.002	50.16	
@PODIATRIST	5	6	\$ 37.68	\$ 6.28	.003	\$ 7.54	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	5	6	37.68	6.28	.003	7.54	
@HOME HEALTH AGENCY	3	8	\$ 554.15	\$ 69.27	.004	\$ 184.72	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	219	1,302	\$ 447,652.40	\$ 343.82	.699	\$ 2044.07	\$
HOSP INPATIENT TOTAL	68	258	417,613.30	1618.66	.139	6141.37	
HSC HOSPITALS	43	228	308,749.34	1354.16	.122	7180.22	
NON-HSC HOSPITAL TOTAL	13	30	97,873.50	3262.45	.016	7528.73	
ACCOMMODATIONS	13	30	24,141.49	804.72	.016	1857.04	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	13	30	24,141.49	804.72	.016	1857.04	
ANCILLARIES	13	0	73,732.01	.00	.000	5671.69	
INPATIENT CROSSOVERS	14	0	10,990.46	.00	.000	785.03	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	158	1,044	30,039.10	28.77	.561	190.12	
MEDICAL	51	73	3,229.43	44.24	.039	63.32	
SURGERY	6	8	363.12	45.39	.004	60.52	
PATHOLOGY	83	463	4,830.46	10.43	.249	58.20	
RADIOLOGY	70	134	12,742.24	95.09	.072	182.03	
ROOM USE	65	85	3,508.74	41.28	.046	53.98	
CROSSOVERS/ALL OTH OUTPTNT	83	281	5,365.11	19.09	.151	64.64	
@COUNTY HOSPITAL TOTAL	88	530	\$ 119,878.10	\$ 226.19	.285	\$ 1362.25	\$
CO HOSPITAL INPATIENT TOTAL	21	91	109,145.01	1199.40	.049	5197.38	
HSC HOSPITALS	21	91	109,145.01	1199.40	.049	5197.38	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	

ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	72	439	10,733.09	24.45	.236	149.07
MEDICAL	19	23	982.20	42.70	.012	51.69
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	40	224	2,262.22	10.10	.120	56.56
RADIOLOGY	32	61	4,851.57	79.53	.033	151.61
ROOM USE	35	42	1,567.28	37.32	.023	44.78
CROSSOVERS/ALL OTH OUTPTNT	36	89	1,069.82	12.02	.048	29.72

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR ALL AGED

1,862 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	- C E	
@COMMUNITY HOSPITAL TOTAL	133	772	\$ 327,774.30	\$ 424.58	.415	\$ 2464.47	\$
COMM HOSP INPATIENT TOTAL	48	167	308,468.29	1847.12	.090	6426.42	
HSC HOSPITALS	22	137	199,604.33	1456.97	.074	9072.92	
NON-HSC HOSPITALS TOTAL	13	30	97,873.50	3262.45	.016	7528.73	
ACCOMMODATIONS	13	30	24,141.49	804.72	.016	1857.04	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	13	30	24,141.49	804.72	.016	1857.04	
ANCILLARIES	13	0	73,732.01	.00	.000	5671.69	
INPATIENT CROSSOVERS	14	0	10,990.46	.00	.000	785.03	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	87	605	19,306.01	31.91	.325	221.91	
MEDICAL	33	50	2,247.23	44.94	.027	68.10	
SURGERY	6	8	363.12	45.39	.004	60.52	
PATHOLOGY	44	239	2,568.24	10.75	.128	58.37	
RADIOLOGY	38	73	7,890.67	108.09	.039	207.65	
ROOM USE	31	43	1,941.46	45.15	.023	62.63	
CROSSOVERS/ALL OTH OUTPTNT	47	192	4,295.29	22.37	.103	91.39	
@STATE HOSPITAL	12	365	\$ 245,927.50	\$ 673.77	.196	\$ 20493.96	\$

MENTALLY ILL	0	0		.00	.00	.000	.00
DEVELOP. DISABLED	12	365		245,927.50	673.77	.196	20493.96
@NURSING FACILITY	52	1,523	\$	359,795.07	\$ 236.24	.818	\$ 6919.14 \$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00
LEV B-REHAB MD	17	459		61,443.33	133.86	.247	3614.31
LEV B-SUBACUTE FREESTANDING	2	52		19,333.08	371.79	.028	9666.54
LEV B-SUBACUTE HSPTL BASED	10	365		203,037.55	556.27	.196	20303.76
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
LEV B-REGULAR	23	647		75,981.11	117.44	.347	3303.53
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00 \$
ICF DDH	0	0		.00	.00	.000	.00
ICF DD	0	0		.00	.00	.000	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	10	72	\$	8,881.95	\$ 123.36	.039	\$ 888.20 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	10	72		8,881.95	123.36	.039	888.20
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00
@LABORATORY FACILITY	9	80	\$	1,561.95	\$ 19.52	.043	\$ 173.55 \$
PATHOLOGY	9	80		1,561.95	19.52	.043	173.55
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	2,833	5,042	\$	388,822.26	\$ 77.12	2.708	\$ 137.25 \$
CLINIC	31	395		7,616.39	19.28	.212	245.69
SURGICENTER	1	2		14.52	7.26	.001	14.52
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	2,804	4,645		381,191.35	82.06	2.495	135.95

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR ALL AGED

1,862 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	C E
@ALL OTHER PROVIDERS	2,313	18,689	\$ 538,884.23	\$ 28.83	10.037 \$ 232.98 \$	
DURABLE MED. EQUIP.	2	3	138.31	46.10	.002 69.16	
BLOOD BANK	0	0	.00	.00	.000 .00	
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00	
MEDICAL TRANSPORTATION	22	218	5,631.55	25.83	.117 255.98	
AMBULANCES/AIR TRANS	20	182	3,667.54	20.15	.098 183.38	
OTHER TRANS	1	19	53.91	2.84	.010 53.91	
OTHER SERVICES	7	17	1,910.10	112.36	.009 272.87	
ACUPUNCTURE	0	0	.00	.00	.000 .00	
ADULT DAY HEALTH CARE CTR	22	301	20,964.46	69.65	.162 952.93	
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00	
IHMC,MODEL-NF,NF,AIDS,MSSP	956	5,447	475,961.69	87.38	2.925 497.87	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00	
OPTICIAN	1,286	2,873	33,221.67	11.56	1.543 25.83	
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00	
PORTABLE X-RAY	1	2	13.84	6.92	.001 13.84	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00	
PROSTHETICS	0	0	.00	.00	.000 .00	
ORTHOTICS	0	0	.00	.00	.000 .00	
PSYCHOLOGIST	1	1	9.61	9.61	.001 9.61	
SPEECH AND AUDIOLOGY	1	1	33.03	33.03	.001 33.03	
HOSPICE SERVICES	0	0	.00	.00	.000 .00	

NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	31	9,843	2,910.07	.30	5.286	93.87
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00
@XOVER EXCLUDING STATE HOSP**	140	383	\$ 21,344.07	\$ 55.73	.206	\$ 152.46

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR ALL BLIND

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	510	25,488	\$ 246,964.13	\$ 9.69	4248.000	\$ 484.24	\$ 4
@PHYSICIANS SERVICES	24	48	\$ 2,588.56	\$ 53.93	8.000	\$ 107.86	\$
OUTPATIENT VISITS	15	21	1,390.99	66.24	3.500	92.73	
OFFICE VISITS	11	15	1,099.70	73.31	2.500	99.97	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	4	6	291.29	48.55	1.000	72.82	
INPATIENT VISITS	2	4	323.32	80.83	.667	161.66	
HOSPITAL VISITS	2	4	323.32	80.83	.667	161.66	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	2	2	107.38	53.69	.333	53.69	
EXAMINATIONS	2	2	107.38	53.69	.333	53.69	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	1	9	299.84	33.32	1.500	299.84	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	1	9	299.84	33.32	1.500	299.84	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	3	7	138.83	19.83	1.167	46.28	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	4	5	328.20	65.64	.833	82.05	
@PHARMACY	148	16,279	\$ 79,936.61	\$ 4.91	2713.167	\$ 540.11	\$ 1
PRESCRIPTION DRUGS	122	354	69,625.96	196.68	59.000	570.70	1
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	122	354	69,625.96	196.68	59.000	570.70	1
MEDICAL SUPPLIES	53	15,925	10,310.65	.65	2654.167	194.54	
@DENTIST	97	503	\$ 16,439.68	\$ 32.68	83.833	\$ 169.48	\$
VISITS - DIAGNOSTIC	76	364	3,570.88	9.81	60.667	46.99	
ORAL SURGERY	13	46	2,698.00	58.65	7.667	207.54	

DRUGS	0	1	25.00	25.00	.167	.00
ANESTHESIA	1	1	100.00	100.00	.167	100.00
PERIODONTICS	6	9	413.00	45.89	1.500	68.83
ENDODONTICS	0	5	355.00	71.00	.833	.00
RESTORATIVE DENTISTRY	16	39	2,641.00	67.72	6.500	165.06
PROSTHETICS	3	3	57.00	19.00	.500	19.00
DENTURES, STAYPLATES	11	31	6,579.80	212.25	5.167	598.16
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	4	4	.00	.00	.667	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR ALL BLIND

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER		C E
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00		
EYE APPLIANCES	0	0	.00	.00	.000	.00		
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00		
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$	
VISITS	0	0	.00	.00	.000	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00		
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		
SURGERY/ANES.	0	0	.00	.00	.000	.00		
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		
OTHER	0	0	.00	.00	.000	.00		
@HOME HEALTH AGENCY	22	2,702	\$ 78,914.44	\$ 29.21	450.333	\$ 3587.02	\$ 1	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$	
@TOTAL HOSPITAL	29	108	\$ 3,879.40	\$ 35.92	18.000	\$ 133.77	\$	
HOSP INPATIENT TOTAL	0	0	196.46CR	.00	.000	.00		
HSC HOSPITALS	0	0	.00	.00	.000	.00		
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00		
ACCOMMODATIONS	0	0	.00	.00	.000	.00		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		
ANCILLARIES	0	0	.00	.00	.000	.00		
INPATIENT CROSSOVERS	0	0	196.46CR	.00	.000	.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		
HOSP OUTPATIENT TOTAL	29	108	4,075.86	37.74	18.000	140.55		
MEDICAL	13	14	627.14	44.80	2.333	48.24		
SURGERY	0	0	.00	.00	.000	.00		
PATHOLOGY	4	26	292.38	11.25	4.333	73.10		
RADIOLOGY	7	11	1,502.40	136.58	1.833	214.63		
ROOM USE	13	16	572.32	35.77	2.667	44.02		
CROSSOVERS/ALL OTH OUTPTNT	13	41	1,081.62	26.38	6.833	83.20		
@COUNTY HOSPITAL TOTAL	4	12	\$ 1,124.89	\$ 93.74	2.000	\$ 281.22	\$	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00		

HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	4	12	1,124.89	93.74	2.000	281.22
MEDICAL	3	4	289.43	72.36	.667	96.48
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	2	2	654.46	327.23	.333	327.23
ROOM USE	3	3	134.22	44.74	.500	44.74
CROSSOVERS/ALL OTH OUTPTNT	3	3	46.78	15.59	.500	15.59

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR ALL BLIND

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	25	96	\$ 2,754.51	\$ 28.69	16.000	\$ 110.18	\$
COMM HOSP INPATIENT TOTAL	0	0	196.46CR	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	196.46CR	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	25	96	2,950.97	30.74	16.000	118.04	
MEDICAL	10	10	337.71	33.77	1.667	33.77	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	4	26	292.38	11.25	4.333	73.10	
RADIOLOGY	5	9	847.94	94.22	1.500	169.59	
ROOM USE	10	13	438.10	33.70	2.167	43.81	
CROSSOVERS/ALL OTH OUTPTNT	10	38	1,034.84	27.23	6.333	103.48	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$

HOSPITAL BASED	0	0		.00		.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	
@REHABILITATION FACILITY	15	45	\$	1,099.23	\$	24.43	7.500	\$ 73.28	\$
HOSPITAL BASED	1	1		94.74		94.74	.167	94.74	
INDEPENDENT FACILITY	14	44		1,004.49		22.83	7.333	71.75	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	.00	\$
PATHOLOGY	0	0		.00		.00	.000	.00	
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	172	242	\$	18,969.63	\$	78.39	40.333	\$ 110.29	\$
CLINIC	0	0		.00		.00	.000	.00	
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	172	242		18,969.63		78.39	40.333	110.29	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR ALL BLIND

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER	PER ELIG	USER	C E	
@ALL OTHER PROVIDERS	124	5,561	\$	45,136.58	\$	8.12	926.833	\$ 364.00	\$
DURABLE MED. EQUIP.	19	72		9,741.47		135.30	12.000	512.71	
BLOOD BANK	0	0		.00		.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00	
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00	
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00	
OTHER TRANS	0	0		.00		.00	.000	.00	
OTHER SERVICES	0	0		.00		.00	.000	.00	
ACUPUNCTURE	0	0		.00		.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00	
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	26	271		16,084.52		59.35	45.167	618.64	
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00	
OPTICIAN	26	57		3,845.18		67.46	9.500	147.89	
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00	
PORTABLE X-RAY	0	0		.00		.00	.000	.00	
PROSTHETIST/ORTHOTISTS	2	4		835.40		208.85	.667	417.70	

PROSTHETICS	2	4	835.40	208.85	.667	417.70
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	59	5,157	14,630.01	2.84	859.500	247.97
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	127	19,142	\$ 148,809.55	\$ 7.77	3190.333	\$ 1171.73 \$ 2
@XOVER EXCLUDING STATE HOSP**	2	8	\$ 115.48CR	\$ 14.44CR	1.333	\$ 57.74CR\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

932 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	32,991	545,940	\$ 15,314,733.23	\$ 28.05	585.773	\$ 464.21	\$ 1
@PHYSICIANS SERVICES	1,379	5,154	\$ 346,456.94	\$ 67.22	5.530	\$ 251.24	\$
OUTPATIENT VISITS	657	887	51,431.64	57.98	.952	78.28	
OFFICE VISITS	331	442	27,015.26	61.12	.474	81.62	
HOME VISITS	7	7	268.70	38.39	.008	38.39	
EMERGENCY ROOM	113	119	10,339.23	86.88	.128	91.50	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	2CR	16.82CR	8.41	.002CR	.00	
OTHER OUTPATIENT	236	321	13,825.27	43.07	.344	58.58	
INPATIENT VISITS	207	1,097	89,598.89	81.68	1.177	432.84	
HOSPITAL VISITS	192	956	63,685.77	66.62	1.026	331.70	
CRITICAL CARE	37	140	25,899.42	185.00	.150	699.98	
SNF/ICF/TRANS IP CARE	1	1	13.70	13.70	.001	13.70	
OPHTHALMOLOGICAL SERVICES	36	44	2,062.68	46.88	.047	57.30	
EXAMINATIONS	36	44	2,062.68	46.88	.047	57.30	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	121	825	72,430.95	87.80	.885	598.60	
PRINCIPAL SURGEON	89	118	48,611.02	411.96	.127	546.19	
ASSISTANT SURGEON	6	9	2,134.89	237.21	.010	355.82	
ANESTHESIOLOGIST	61	698	21,685.04	31.07	.749	355.49	
OUTPATIENT SURGERY	168	574	42,189.41	73.50	.616	251.13	
PRINCIPAL SURGEON	95	137	26,064.21	190.25	.147	274.36	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	80	437	16,125.20	36.90	.469	201.57	
DIALYSIS	24	56	5,602.70	100.05	.060	233.45	
PATHOLOGY	40	235	3,474.81	14.79	.252	86.87	
RADIOLOGY	271	484	21,337.24	44.09	.519	78.74	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	1	1	1,001.96	1001.96	.001	1001.96	
OTHER SERVICES/ALL X-OVERS	426	951	57,326.66	60.28	1.020	134.57	
@PHARMACY	15,507	211,039	\$ 8,582,246.61	\$ 40.67	226.437	\$ 553.44	\$
PRESCRIPTION DRUGS	15,117	33,338	7,661,539.44	229.81	35.770	506.82	
SNF/ICF	644	1,945	396,556.61	203.89	2.087	615.77	

OUTPATIENTS	14,523	31,393		7,264,982.83	231.42	33.683	500.24		
MEDICAL SUPPLIES	824	177,701		920,707.17	5.18	190.666	1117.36		
@DENTIST	5,166	23,501	\$	762,896.01	\$ 32.46	25.216	\$ 147.68	\$	
VISITS - DIAGNOSTIC	3,683	15,725		186,665.14	11.87	16.872	50.68		
ORAL SURGERY	827	2,235		136,072.38	60.88	2.398	164.54		
DRUGS	111	125		2,455.00	19.64	.134	22.12		
ANESTHESIA	77	76		7,230.00	95.13	.082	93.90		
PERIODONTICS	292	307		32,423.25	105.61	.329	111.04		
ENDODONTICS	255	372		67,741.69	182.10	.399	265.65		
RESTORATIVE DENTISTRY	1,359	3,363		190,954.26	56.78	3.608	140.51		
PROSTHETICS	54	58		1,468.50	25.32	.062	27.19		
DENTURES, STAYPLATES	360	1,031		134,135.20	130.10	1.106	372.60		
SPACE MAINTAINERS	9	9		1,231.00	136.78	.010	136.78		
MAXILLOFACIAL SERVICES	9	15		1,015.10	67.67	.016	112.79		
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		
ORTHODONTIC SERVICES	20	35		1,404.50	40.13	.038	70.23		
ALL OTHER SERVICES	199	150		99.99	.67	.161	.50		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005								PA
MOP024	FEE-FOR-SERVICE/DENTAL								
MONTEREY COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED								

932 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C F
@OPTOMETRIST	8	21	\$ 465.89	\$ 22.19	.023	\$ 58.24	\$
DIAGNOSTIC AND ANC. PROCED	6	8	252.66	31.58	.009	42.11	
EYE APPLIANCES	5	13	213.23	16.40	.014	42.65	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	2	2	\$ 33.44	\$ 16.72	.002	\$ 16.72	\$
VISITS	2	2	33.44	16.72	.002	16.72	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	9	20	\$ 239.79	\$ 11.99	.021	\$ 26.64	\$
MEDICINE/INJECTIONS	4	4	96.00	24.00	.004	24.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	5	16	143.79	8.99	.017	28.76	
@HOME HEALTH AGENCY	107	2,415	\$ 85,544.62	\$ 35.42	2.591	\$ 799.48	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	\$
NURSE MIDWIFE	2	3	\$ 76.72	\$ 25.57	.003	\$ 38.36	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	1,425	9,268	\$ 2,841,163.73	\$ 306.56	9.944	\$ 1993.80	\$
HOSP INPATIENT TOTAL	294	1,425	2,430,957.30	1705.93	1.529	8268.56	
HSC HOSPITALS	204	1,296	2,112,782.84	1630.23	1.391	10356.78	
NON-HSC HOSPITAL TOTAL	24	129	262,928.48	2038.21	.138	10955.35	
ACCOMMODATIONS	24	129	95,214.60	738.10	.138	3967.28	
ADMINISTRATIVE DAYS	1	3	693.90	231.30	.003	693.90	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	23	126	94,520.70	750.16	.135	4109.60	
ANCILLARIES	24	0	167,713.88	.00	.000	6988.08	
INPATIENT CROSSOVERS	73	0	55,245.98	.00	.000	756.79	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	1,200	7,843	410,206.43	52.30	8.415	341.84	
MEDICAL	437	929	94,133.92	101.33	.997	215.41	
SURGERY	104	128	9,781.66	76.42	.137	94.05	
PATHOLOGY	446	3,908	46,444.23	11.88	4.193	104.14	

RADIOLOGY	261	398	107,322.27	269.65	.427	411.20
ROOM USE	662	919	38,338.59	41.72	.986	57.91
CROSSOVERS/ALL OTH OUTPTNT	442	1,561	114,185.76	73.15	1.675	258.34
@COUNTY HOSPITAL TOTAL	289	1,114	\$ 527,322.50	\$ 473.36	1.195	\$ 1824.65
CO HOSPITAL INPATIENT TOTAL	109	364	463,869.97	1274.37	.391	4255.69
HSC HOSPITALS	72	361	434,416.00	1203.37	.387	6033.56
NON-HSC HOSPITALS TOTAL	1	3	2,798.66	932.89	.003	2798.66
ACCOMMODATIONS	1	3	693.90	231.30	.003	693.90
ADMINISTRATIVE DAYS	1	3	693.90	231.30	.003	693.90
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	1	0	2,104.76	.00	.000	2104.76
INPATIENT CROSSOVERS	37	0	26,655.31	.00	.000	720.41
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	188	750	63,452.53	84.60	.805	337.51
MEDICAL	102	168	43,200.62	257.15	.180	423.54
SURGERY	12	20	2,084.45	104.22	.021	173.70
PATHOLOGY	58	281	3,310.68	11.78	.302	57.08
RADIOLOGY	28	41	5,683.54	138.62	.044	202.98
ROOM USE	98	117	4,286.91	36.64	.126	43.74
CROSSOVERS/ALL OTH OUTPTNT	57	123	4,886.33	39.73	.132	85.73

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

932 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	1,162	8,154	\$ 2,313,841.23	\$ 283.77	8.749	\$ 1991.26	\$
COMM HOSP INPATIENT TOTAL	188	1,061	1,967,087.33	1853.99	1.138	10463.23	
HSC HOSPITALS	135	935	1,678,366.84	1795.04	1.003	12432.35	
NON-HSC HOSPITALS TOTAL	23	126	260,129.82	2064.52	.135	11309.99	
ACCOMMODATIONS	23	126	94,520.70	750.16	.135	4109.60	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	23	126	94,520.70	750.16	.135	4109.60	
ANCILLARIES	23	0	165,609.12	.00	.000	7200.40	
INPATIENT CROSSOVERS	36	0	28,590.67	.00	.000	794.19	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	1,025	7,093	346,753.90	48.89	7.611	338.30	
MEDICAL	336	761	50,933.30	66.93	.817	151.59	
SURGERY	92	108	7,697.21	71.27	.116	83.67	
PATHOLOGY	391	3,627	43,133.55	11.89	3.892	110.32	
RADIOLOGY	234	357	101,638.73	284.70	.383	434.35	
ROOM USE	568	802	34,051.68	42.46	.861	59.95	
CROSSOVERS/ALL OTH OUTPTNT	387	1,438	109,299.43	76.01	1.543	282.43	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	22	693	\$ 106,436.51	\$ 153.59	.744	\$ 4838.02	\$
LEV A-INTERMEDIATE	1	30	2,630.65	87.69	.032	2630.65	
LEV B-REHAB MD	9	371	56,192.72	151.46	.398	6243.64	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	12	292	47,613.14	163.06	.313	3967.76	

@INTERMEDIATE CARE FACIL.-DD	12	357	\$	59,122.77	\$	165.61	.383	\$	4926.90	\$
ICF DDH	12	357		59,122.77		165.61	.383		4926.90	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	20	1,809	\$	57,868.76	\$	31.99	1.941	\$	2893.44	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	20	1,809		57,868.76		31.99	1.941		2893.44	
@REHABILITATION FACILITY	471	3,843	\$	65,269.45	\$	16.98	4.123	\$	138.58	\$
HOSPITAL BASED	37	84		3,310.66		39.41	.090		89.48	
INDEPENDENT FACILITY	435	3,759		61,958.79		16.48	4.033		142.43	
@LABORATORY FACILITY	32	246	\$	2,766.06	\$	11.24	.264	\$	86.44	\$
PATHOLOGY	32	246		2,766.06		11.24	.264		86.44	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	7,958	12,226	\$	972,754.75	\$	79.56	13.118	\$	122.24	\$
CLINIC	16	279		5,403.67		19.37	.299		337.73	
SURGICENTER	2	7		262.65		37.52	.008		131.33	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	7,941	11,940		967,088.43		81.00	12.811		121.78	
#CALIF DEPT OF HEALTH SERV										PA
MOP024										
MONTEREY COUNTY										

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR ALL DISABLED

	932 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	5,164	275,343	\$	1,431,391.18	\$	5.20	295.432	\$
DURABLE MED. EQUIP.	224	1,125		174,218.32		154.86	1.207	
BLOOD BANK	0	0		.00		.00	.000	
HEARING AID DISPENSERS	92	778		28,953.92		37.22	.835	
MEDICAL TRANSPORTATION	108	3,898		60,979.97		15.64	4.182	
AMBULANCES/AIR TRANS	100	3,864		36,221.89		9.37	4.146	
OTHER TRANS	0	0		.00		.00	.000	
OTHER SERVICES	35	34		24,758.08		728.18	.036	
ACUPUNCTURE	1	6		104.28		17.38	.006	
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	
GENETIC DISEASE TESTING	13	13		1,365.00		105.00	.014	
IHMC,MODEL-NF,NF,AIDS,MSSP	441	7,833		369,579.06		47.18	8.405	
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	
OPTICIAN	1,685	3,719		41,437.51		11.14	3.990	
PHYSICAL THERAPIST	0	0		.00		.00	.000	
PORTABLE X-RAY	0	0		.00		.00	.000	
PROSTHETIST/ORTHOTISTS	59	339		56,072.10		165.40	.364	
PROSTHETICS	59	339		56,072.10		165.40	.364	
ORTHOTICS	0	0		.00		.00	.000	
PSYCHOLOGIST	0	0		.00		.00	.000	
SPEECH AND AUDIOLOGY	16	36		2,233.43		62.04	.039	
HOSPICE SERVICES	1	23		2,976.66		129.42	.025	
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	
LOCAL EDUCATION AGENCIES	2,431	175,471		522,352.13		2.98	188.274	
EPSDT SUPPLEMENTAL SERVICE	31	3,259		100,499.77		30.84	3.497	
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	
ALL OTHER PROVIDERS	199	78,843		70,619.03		.90	84.595	
@CALIF. CHILDREN SERVICES*	3,972	241,876	\$	5,248,933.28	\$	21.70	259.524	\$
@XOVER EXCLUDING STATE HOSP**	184	1,132	\$	70,264.08	\$	62.07	1.215	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

134,273 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	C E
@TOTAL, ALL PROVIDERS	106,704	418,227	\$ 31,123,650.81	\$ 74.42	3.115 \$ 291.68	\$
@PHYSICIANS SERVICES	8,846	27,766	\$ 2,421,680.71	\$ 87.22	.207 \$ 273.76	\$
OUTPATIENT VISITS	4,205	6,837	372,267.04	54.45	.051 88.53	
OFFICE VISITS	799	1,020	47,435.60	46.51	.008 59.37	
HOME VISITS	0	0	.00	.00	.000 .00	
EMERGENCY ROOM	1,991	2,226	136,055.95	61.12	.017 68.34	
PREVENTIVE CARE	7	7	367.23	52.46	.000 52.46	
OB VISITS/COMPRE PERI	1,399	3,309	176,824.37	53.44	.025 126.39	
OTHER OUTPATIENT	217	275	11,583.89	42.12	.002 53.38	
INPATIENT VISITS	1,127	5,250	571,034.09	108.77	.039 506.69	
HOSPITAL VISITS	1,013	3,047	163,141.56	53.54	.023 161.05	
CRITICAL CARE	248	2,203	407,892.53	185.15	.016 1644.73	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000 .00	
OPHTHALMOLOGICAL SERVICES	52	78	3,986.74	51.11	.001 76.67	
EXAMINATIONS	52	78	3,986.74	51.11	.001 76.67	
SERVICES AND MATERIALS	0	0	.00	.00	.000 .00	
INPATIENT HOSPITAL SURGERY	1,275	3,791	669,567.64	176.62	.028 525.15	
PRINCIPAL SURGEON	996	1,174	564,805.92	481.10	.009 567.07	
ASSISTANT SURGEON	122	122	22,817.99	187.03	.001 187.03	
ANESTHESIOLOGIST	290	2,495	81,943.73	32.84	.019 282.56	
OUTPATIENT SURGERY	751	1,702	125,203.23	73.56	.013 166.72	
PRINCIPAL SURGEON	643	945	95,384.77	100.94	.007 148.34	
ASSISTANT SURGEON	2	2	233.78	116.89	.000 116.89	
ANESTHESIOLOGIST	131	755	29,584.68	39.19	.006 225.84	
DIALYSIS	21	58	8,502.27	146.59	.000 404.87	
PATHOLOGY	470	1,760	17,716.08	10.07	.013 37.69	
RADIOLOGY	2,920	4,961	187,338.30	37.76	.037 64.16	
PSYCHIATRY	1	1	48.42	48.42	.000 48.42	

IMMUNIZATION AND INJECTION	230	596		19,567.92	32.83	.004	85.08	
OTHER SERVICES/ALL X-OVERS	1,296	2,732		446,448.98	163.41	.020	344.48	
@PHARMACY	9,101	25,711	\$	1,640,002.77	\$ 63.79	.191	\$ 180.20	\$
PRESCRIPTION DRUGS	8,791	16,605		1,318,657.22	79.41	.124	150.00	
SNF/ICF	2	4		574.68	143.67	.000	287.34	
OUTPATIENTS	8,789	16,601		1,318,082.54	79.40	.124	149.97	
MEDICAL SUPPLIES	739	9,106		321,345.55	35.29	.068	434.84	
@DENTIST	28,871	167,335	\$	4,210,400.76	\$ 25.16	1.246	\$ 145.83	\$
VISITS - DIAGNOSTIC	24,009	118,740		1,467,570.36	12.36	.884	61.13	
ORAL SURGERY	3,407	6,971		441,900.22	63.39	.052	129.70	
DRUGS	4,290	4,917		113,475.29	23.08	.037	26.45	
ANESTHESIA	248	255		23,795.61	93.32	.002	95.95	
PERIODONTICS	475	485		50,866.38	104.88	.004	107.09	
ENDODONTICS	2,231	4,928		471,806.86	95.74	.037	211.48	
RESTORATIVE DENTISTRY	9,221	28,602		1,481,400.12	51.79	.213	160.66	
PROSTHETICS	115	122		2,726.00	22.34	.001	23.70	
DENTURES, STAYPLATES	138	540		47,203.10	87.41	.004	342.05	
SPACE MAINTAINERS	341	391		49,366.00	126.26	.003	144.77	
MAXILLOFACIAL SERVICES	28	33		4,957.59	150.23	.000	177.06	
FRACTURES, DISLOCATIONS	1	1		1,200.00	1200.00	.000	1200.00	
ORTHODONTIC SERVICES	636	820		51,938.25	63.34	.006	81.66	
ALL OTHER SERVICES	667	530		2,194.98	4.14	.004	3.29	
#CALIF DEPT OF HEALTH SERV								PA
MOP024								
MONTEREY COUNTY								
				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005				
				FEE-FOR-SERVICE/DENTAL				
				SUMMARY OF SERVICES FOR ALL FAMILIES				

	134,273 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@OPTOMETRIST	23	77	\$	1,520.92	\$ 19.75	.001	\$ 66.13	\$
DIAGNOSTIC AND ANC. PROCED	22	32		855.35	26.73	.000	38.88	
EYE APPLIANCES	16	45		665.57	14.79	.000	41.60	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$
VISITS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
@PODIATRIST	1	1	\$	62.41	\$ 62.41	.000	\$ 62.41	\$
MEDICINE/INJECTIONS	1	1		62.41	62.41	.000	62.41	
SURGERY/ANES.	0	0		.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	
OTHER	0	0		.00	.00	.000	.00	
@HOME HEALTH AGENCY	250	1,536	\$	63,118.52	\$ 41.09	.011	\$ 252.47	\$
NURSE ANESTHESIST	1	18	\$	274.83	\$ 15.27	.000	\$ 274.83	\$
NURSE MIDWIFE	1	1	\$	70.62	\$ 70.62	.000	\$ 70.62	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$
@TOTAL HOSPITAL	8,571	37,792	\$	14,073,459.80	\$ 372.39	.281	\$ 1641.99	\$
HOSP INPATIENT TOTAL	1,825	8,365		13,187,487.13	1576.51	.062	7226.02	
HSC HOSPITALS	1,456	6,909		10,270,595.30	1486.55	.051	7053.98	
NON-HSC HOSPITAL TOTAL	370	1,456		2,912,125.64	2000.09	.011	7870.61	
ACCOMMODATIONS	370	1,456		876,629.11	602.08	.011	2369.27	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	370	1,456		876,629.11	602.08	.011	2369.27	
ANCILLARIES	370	0		2,035,496.53	.00	.000	5501.34	
INPATIENT CROSSOVERS	6	0		4,766.19	.00	.000	794.37	

ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	7,334	29,427	885,972.67	30.11	.219	120.80
MEDICAL	982	1,502	86,986.62	57.91	.011	88.58
SURGERY	208	243	12,325.01	50.72	.002	59.25
PATHOLOGY	4,194	16,566	210,458.76	12.70	.123	50.18
RADIOLOGY	2,021	2,750	313,651.30	114.06	.020	155.20
ROOM USE	2,835	3,606	138,753.67	38.48	.027	48.94
CROSSOVERS/ALL OTH OUTPTNT	2,375	4,760	123,797.31	26.01	.035	52.13
@COUNTY HOSPITAL TOTAL	4,145	16,423	\$ 3,957,126.63	\$ 240.95	.122	\$ 954.67
CO HOSPITAL INPATIENT TOTAL	1,020	2,998	3,627,681.69	1210.03	.022	3556.55
HSC HOSPITALS	1,018	2,998	3,626,527.50	1209.65	.022	3562.40
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	2	0	1,154.19	.00	.000	577.10
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	3,390	13,425	329,444.94	24.54	.100	97.18
MEDICAL	269	406	29,657.65	73.05	.003	110.25
SURGERY	32	40	1,423.23	35.58	.000	44.48
PATHOLOGY	2,280	8,845	121,647.84	13.75	.066	53.35
RADIOLOGY	916	1,202	92,144.44	76.66	.009	100.59
ROOM USE	1,197	1,541	55,979.95	36.33	.011	46.77
CROSSOVERS/ALL OTH OUTPTNT	786	1,391	28,591.83	20.55	.010	36.38

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

134,273 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS COST PER PER ELIG USER	C E
@COMMUNITY HOSPITAL TOTAL	4,619	21,369	\$ 10,116,333.17	\$ 473.41	.159	\$ 2190.16
COMM HOSP INPATIENT TOTAL	815	5,367	9,559,805.44	1781.22	.040	11729.82
HSC HOSPITALS	446	3,911	6,644,067.80	1698.82	.029	14897.01
NON-HSC HOSPITALS TOTAL	370	1,456	2,912,125.64	2000.09	.011	7870.61
ACCOMMODATIONS	370	1,456	876,629.11	602.08	.011	2369.27
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	370	1,456	876,629.11	602.08	.011	2369.27
ANCILLARIES	370	0	2,035,496.53	.00	.000	5501.34
INPATIENT CROSSOVERS	4	0	3,612.00	.00	.000	903.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	4,059	16,002	556,527.73	34.78	.119	137.11
MEDICAL	715	1,096	57,328.97	52.31	.008	80.18
SURGERY	176	203	10,901.78	53.70	.002	61.94
PATHOLOGY	1,954	7,721	88,810.92	11.50	.058	45.45
RADIOLOGY	1,123	1,548	221,506.86	143.09	.012	197.25
ROOM USE	1,658	2,065	82,773.72	40.08	.015	49.92
CROSSOVERS/ALL OTH OUTPTNT	1,600	3,369	95,205.48	28.26	.025	59.50
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	20	970	\$ 42,272.83	\$ 43.58	.007	\$ 2113.64
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	20	970	42,272.83	43.58	.007	2113.64
@REHABILITATION FACILITY	205	1,291	\$ 26,138.44	\$ 20.25	.010	\$ 127.50
HOSPITAL BASED	47	101	5,650.64	55.95	.001	120.23
INDEPENDENT FACILITY	158	1,190	20,487.80	17.22	.009	129.67
@LABORATORY FACILITY	2,814	6,447	\$ 150,243.87	\$ 23.30	.048	\$ 53.39
PATHOLOGY	2,801	6,430	149,347.37	23.23	.048	53.32
XO AND OTHERS	17	17	896.50	52.74	.000	52.74
@ORGANIZED OUTPATIENT CLINIC	54,621	88,905	\$ 7,767,671.51	\$ 87.37	.662	\$ 142.21
CLINIC	367	1,519	36,450.76	24.00	.011	99.32
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	1	9	120.78	13.42	.000	120.78
RURAL HEALTH CLINIC	54,274	87,377	7,731,099.97	88.48	.651	142.45

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR ALL FAMILIES

134,273 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	7,928	60,377	\$ 726,732.82	\$ 12.04	.450	\$ 91.67	\$
DURABLE MED. EQUIP.	48	256	24,734.73	96.62	.002	515.31	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	51	424	17,835.50	42.06	.003	349.72	
MEDICAL TRANSPORTATION	418	10,965	234,251.81	21.36	.082	560.41	
AMBULANCES/AIR TRANS	411	10,836	126,103.41	11.64	.081	306.82	
OTHER TRANS	1	4	25.36	6.34	.000	25.36	
OTHER SERVICES	123	125	108,123.04	864.98	.001	879.05	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	737	741	77,709.00	104.87	.006	105.44	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	3,218	6,799	61,780.38	9.09	.051	19.20	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	30	132	26,948.42	204.15	.001	898.28	
PROSTHETICS	30	132	26,948.42	204.15	.001	898.28	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	19	69	4,256.69	61.69	.001	224.04	
SPEECH AND AUDIOLOGY	3	7	287.73	41.10	.000	95.91	
HOSPICE SERVICES	1	13	1,565.98	120.46	.000	1565.98	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	3,425	40,752	262,696.97	6.45	.304	76.70	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	

PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	21	219	14,665.61	66.97	.002	698.36
@CALIF. CHILDREN SERVICES*	3,664	43,008	\$ 9,197,745.24	\$ 213.86	.320	\$ 2510.30
@XOVER EXCLUDING STATE HOSP**	16	72	\$ 6,350.09	\$ 88.20	.001	\$ 396.88

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	27,721 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	
@TOTAL, ALL PROVIDERS	15,848	59,694	\$	3,915,598.97	\$ 65.59	2.153	\$ 247.07	\$
@PHYSICIANS SERVICES	1,846	3,773	\$	195,832.58	\$ 51.90	.136	\$ 106.08	\$
OUTPATIENT VISITS	1,131	1,353		57,577.00	42.56	.049	50.91	
OFFICE VISITS	719	868		31,979.04	36.84	.031	44.48	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	383	426		22,943.96	53.86	.015	59.91	
PREVENTIVE CARE	2	2		99.78	49.89	.000	49.89	
OB VISITS/COMPRE PERI	8	14		1,126.88	80.49	.001	140.86	
OTHER OUTPATIENT	35	43		1,427.34	33.19	.002	40.78	
INPATIENT VISITS	104	537		55,453.75	103.27	.019	533.21	
HOSPITAL VISITS	90	334		18,574.36	55.61	.012	206.38	
CRITICAL CARE	25	203		36,879.39	181.67	.007	1475.18	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	18	29		919.84	31.72	.001	51.10	
EXAMINATIONS	18	29		919.84	31.72	.001	51.10	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	44	254		25,138.71	98.97	.009	571.33	
PRINCIPAL SURGEON	31	42		18,935.43	450.84	.002	610.82	
ASSISTANT SURGEON	2	3		449.10	149.70	.000	224.55	
ANESTHESIOLOGIST	16	209		5,754.18	27.53	.008	359.64	
OUTPATIENT SURGERY	97	306		15,282.18	49.94	.011	157.55	
PRINCIPAL SURGEON	66	78		9,983.81	128.00	.003	151.27	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	33	228		5,298.37	23.24	.008	160.56	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	55	131		2,034.63	15.53	.005	36.99	
RADIOLOGY	574	857		22,716.20	26.51	.031	39.58	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	13	1		37.21CR	37.21CR	.000	2.86CR	
OTHER SERVICES/ALL X-OVERS	156	305		16,747.48	54.91	.011	107.36	
@PHARMACY	2,652	6,500	\$	152,652.53	\$ 23.49	.234	\$ 57.56	\$
PRESCRIPTION DRUGS	2,638	4,390		146,096.26	33.28	.158	55.38	
SNF/ICF	5	42		2,586.35	61.58	.002	517.27	
OUTPATIENTS	2,633	4,348		143,509.91	33.01	.157	54.50	
MEDICAL SUPPLIES	59	2,110		6,556.27	3.11	.076	111.12	
@DENTIST	2,253	18,424	\$	467,437.77	\$ 25.37	.665	\$ 207.47	\$
VISITS - DIAGNOSTIC	1,994	12,527		144,281.40	11.52	.452	72.36	
ORAL SURGERY	288	638		38,905.00	60.98	.023	135.09	
DRUGS	524	694		16,232.70	23.39	.025	30.98	
ANESTHESIA	20	22		2,200.00	100.00	.001	110.00	
PERIODONTICS	7	8		763.00	95.38	.000	109.00	
ENDODONTICS	272	739		56,167.00	76.00	.027	206.50	

RESTORATIVE DENTISTRY	853	3,617	194,061.50	53.65	.130	227.50
PROSTHETICS	9	11	278.00	25.27	.000	30.89
DENTURES, STAYPLATES	1	1	65.00	65.00	.000	65.00
SPACE MAINTAINERS	63	84	11,501.00	136.92	.003	182.56
MAXILLOFACIAL SERVICES	2	3	388.17	129.39	.000	194.09
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	38	56	2,465.00	44.02	.002	64.87
ALL OTHER SERVICES	43	24	130.00	5.42	.001	3.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

27,721 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	247	651	\$ 13,552.21	\$ 20.82	.023	\$ 54.87	\$
DIAGNOSTIC AND ANC. PROCED	215	296	8,334.34	28.16	.011	38.76	
EYE APPLIANCES	125	345	4,940.34	14.32	.012	39.52	
OTHER OPTOMETRIC SERVICES	10	10	277.53	27.75	.000	27.75	
@CHIROPRACTOR	0	0	.00	.00	.000	.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	.00	.00	.000	.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	7	11	\$ 727.98	\$ 66.18	.000	\$ 104.00	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	1,426	5,020	\$ 1,670,411.14	\$ 332.75	.181	\$ 1171.40	\$
HOSP INPATIENT TOTAL	106	1,006	1,558,350.58	1549.06	.036	14701.42	
HSC HOSPITALS	82	913	1,340,502.83	1468.24	.033	16347.60	
NON-HSC HOSPITAL TOTAL	26	93	217,847.75	2342.45	.003	8378.76	
ACCOMMODATIONS	26	93	73,243.96	787.57	.003	2817.08	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	26	93	73,243.96	787.57	.003	2817.08
ANCILLARIES	26	0	144,603.79	.00	.000	5561.68
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	1,332	4,014	112,060.56	27.92	.145	84.13
MEDICAL	243	373	20,333.36	54.51	.013	83.68
SURGERY	41	41	2,038.27	49.71	.001	49.71
PATHOLOGY	524	1,701	19,039.73	11.19	.061	36.34
RADIOLOGY	418	472	27,449.06	58.15	.017	65.67
ROOM USE	641	760	28,213.21	37.12	.027	44.01
CROSSOVERS/ALL OTH OUTPTNT	444	667	14,986.93	22.47	.024	33.75
@COUNTY HOSPITAL TOTAL	543	1,666	\$ 337,956.09	\$ 202.85	.060	\$ 622.39
CO HOSPITAL INPATIENT TOTAL	42	247	305,135.00	1235.36	.009	7265.12
HSC HOSPITALS	42	247	305,135.00	1235.36	.009	7265.12
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	501	1,419	32,821.09	23.13	.051	65.51
MEDICAL	66	104	8,111.38	77.99	.004	122.90
SURGERY	2	2	89.77	44.89	.000	44.89
PATHOLOGY	225	692	7,599.01	10.98	.025	33.77
RADIOLOGY	154	174	5,626.30	32.34	.006	36.53
ROOM USE	230	254	8,694.89	34.23	.009	37.80
CROSSOVERS/ALL OTH OUTPTNT	152	193	2,699.74	13.99	.007	17.76

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	27,721 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	- C E
@COMMUNITY HOSPITAL TOTAL	887	3,354	\$	1,332,455.05	\$ 397.27	.121	\$ 1502.20
COMM HOSP INPATIENT TOTAL	64	759		1,253,215.58	1651.14	.027	19581.49
HSC HOSPITALS	40	666		1,035,367.83	1554.61	.024	25884.20
NON-HSC HOSPITALS TOTAL	26	93		217,847.75	2342.45	.003	8378.76
ACCOMMODATIONS	26	93		73,243.96	787.57	.003	2817.08
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	26	93		73,243.96	787.57	.003	2817.08
ANCILLARIES	26	0		144,603.79	.00	.000	5561.68
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	834	2,595		79,239.47	30.54	.094	95.01
MEDICAL	177	269		12,221.98	45.43	.010	69.05
SURGERY	39	39		1,948.50	49.96	.001	49.96
PATHOLOGY	299	1,009		11,440.72	11.34	.036	38.26
RADIOLOGY	264	298		21,822.76	73.23	.011	82.66
ROOM USE	411	506		19,518.32	38.57	.018	47.49
CROSSOVERS/ALL OTH OUTPTNT	292	474		12,287.19	25.92	.017	42.08

@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	50	292	\$	5,800.67	\$	19.87	.011	\$	116.01	\$
HOSPITAL BASED	20	26		1,386.32		53.32	.001		69.32	
INDEPENDENT FACILITY	30	266		4,414.35		16.60	.010		147.15	
@LABORATORY FACILITY	585	950	\$	11,834.97	\$	12.46	.034	\$	20.23	\$
PATHOLOGY	585	950		11,834.97		12.46	.034		20.23	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	8,890	12,620	\$	1,313,372.09	\$	104.07	.455	\$	147.74	\$
CLINIC	42	73		2,468.42		33.81	.003		58.77	
SURGICENTER	2	7		291.21		41.60	.000		145.61	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	8,853	12,540		1,310,612.46		104.51	.452		148.04	
#CALIF DEPT OF HEALTH SERV										PA
MOP024										
MONTEREY COUNTY										

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

						----- MONTHLY AVERAGE -----		
27,721 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER		
@ALL OTHER PROVIDERS	506	11,453	\$ 83,977.03	\$ 7.33	.413	\$ 165.96	\$	
DURABLE MED. EQUIP.	9	21	2,025.64	96.46	.001	225.07		
BLOOD BANK	0	0	.00	.00	.000	.00		
HEARING AID DISPENSERS	9	46	5,281.10	114.81	.002	586.79		
MEDICAL TRANSPORTATION	47	1,390	31,130.85	22.40	.050	662.36		
AMBULANCES/AIR TRANS	46	1,374	16,221.57	11.81	.050	352.64		
OTHER TRANS	0	0	.00	.00	.000	.00		
OTHER SERVICES	15	16	14,909.28	931.83	.001	993.95		
ACUPUNCTURE	0	0	.00	.00	.000	.00		
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		
GENETIC DISEASE TESTING	65	65	6,753.00	103.89	.002	103.89		
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00		
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		
OPTICIAN	219	456	3,755.71	8.24	.016	17.15		
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		
PORTABLE X-RAY	0	0	.00	.00	.000	.00		
PROSTHETIST/ORTHOTISTS	8	16	1,904.41	119.03	.001	238.05		
PROSTHETICS	8	16	1,904.41	119.03	.001	238.05		
ORTHOTICS	0	0	.00	.00	.000	.00		
PSYCHOLOGIST	0	0	.00	.00	.000	.00		
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00		

HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	150	5,779	32,738.24	5.67	.208	218.25
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	2	3,680	388.08	.11	.133	194.04
@CALIF. CHILDREN SERVICES*	416	4,615	\$ 1,513,844.02	\$ 328.03	.166	\$ 3639.05
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA

MOP024

FEE-FOR-SERVICE/DENTAL

MONTEREY COUNTY

SUMMARY OF SERVICES FOR RENAL DIALYSIS

AID CODES 71

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		C E
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	30	151	\$ 17,180.54	\$ 113.78	6.565	\$ 572.68	\$
@PHYSICIANS SERVICES	14	27	\$ 2,577.18	\$ 95.45	1.174	\$ 184.08	\$
OUTPATIENT VISITS	1	3	85.50	28.50	.130	85.50	
OFFICE VISITS	1	3	85.50	28.50	.130	85.50	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	2	5	1,642.16	328.43	.217	821.08	
PRINCIPAL SURGEON	2	5	1,642.16	328.43	.217	821.08	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	2	4	224.52	56.13	.174	112.26	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	11	15	625.00	41.67	.652	56.82	
@PHARMACY	19	69	\$ 4,648.28	\$ 67.37	3.000	\$ 244.65	\$
PRESCRIPTION DRUGS	19	69	4,648.28	67.37	3.000	244.65	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	19	69	4,648.28	67.37	3.000	244.65	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	

ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR RENAL DIALYSIS

AID CODES 71

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C E
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
@TOTAL HOSPITAL	5	47	\$ 6,786.87	\$ 144.40	2.043	\$ 1357.37	\$
HOSP INPATIENT TOTAL	1	3	4,650.00	1550.00	.130	4650.00	
HSC HOSPITALS	1	3	4,650.00	1550.00	.130	4650.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	5	44	2,136.87	48.57	1.913	427.37	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	2	3	207.99	69.33	.130	104.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	2	9	1,613.00	179.22	.391	806.50	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	5	32	315.88	9.87	1.391	63.18	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	- C F	
@COMMUNITY HOSPITAL TOTAL	5	47	\$ 6,786.87	\$ 144.40	2.043	\$ 1357.37	\$
COMM HOSP INPATIENT TOTAL	1	3	4,650.00	1550.00	.130	4650.00	
HSC HOSPITALS	1	3	4,650.00	1550.00	.130	4650.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	5	44	2,136.87	48.57	1.913	427.37	
MEDICAL	0	0	.00	.00	.000	.00	

SURGERY	2	3		207.99	69.33	.130	104.00	
PATHOLOGY	0	0		.00	.00	.000	.00	
RADIOLOGY	2	9		1,613.00	179.22	.391	806.50	
ROOM USE	0	0		.00	.00	.000	.00	
CROSSEOVERS/ALL OTH OUTPTNT	5	32		315.88	9.87	1.391	63.18	
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	6	8	\$	3,168.21	\$ 396.03	.348	\$ 528.04	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	6	8		3,168.21	396.03	.348	528.04	
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$
PATHOLOGY	0	0		.00	.00	.000	.00	
XO AND OTHERS	0	0		.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$
CLINIC	0	0		.00	.00	.000	.00	
SURGICENTER	0	0		.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C F
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	

PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00
@XOVER EXCLUDING STATE HOSP**	15	46	\$ 3,858.56	\$ 83.88	2.000	\$ 257.24

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA

MOP024

FEE-FOR-SERVICE/DENTAL

MONTEREY COUNTY

SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION

AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		C F
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	1	2	\$ 26.81	\$ 13.41	.000	\$ 26.81	\$
@PHYSICIANS SERVICES	1	2	\$ 26.81	\$ 13.41	.000	\$ 26.81	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	1	2	26.81	13.41	.000	26.81	
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	

SNF/ICF	0	0	.00	.00	.000	.00
OUTPATIENTS	0	0	.00	.00	.000	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00
ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE - COST PER USER	- C E
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	

PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00 \$	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
MONTEREY COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION						AID CODES 73
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	

LEV B-REGULAR	0	0		.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	\$.00
ICF DDH	0	0		.00		.000	.00
ICF DD	0	0		.00		.000	.00
ICF DDN/DDCN	0	0		.00		.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	\$.00
HOSPITAL BASED	0	0		.00		.000	.00
HEMODIALYSIS CENTER	0	0		.00		.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	\$.00
HOSPITAL BASED	0	0		.00		.000	.00
INDEPENDENT FACILITY	0	0		.00		.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	\$.00
PATHOLOGY	0	0		.00		.000	.00
XO AND OTHERS	0	0		.00		.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	\$.00
CLINIC	0	0		.00		.000	.00
SURGICENTER	0	0		.00		.000	.00
HEROIN DETOX CLINIC	0	0		.00		.000	.00
RURAL HEALTH CLINIC	0	0		.00		.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						
MOP024	FEE-FOR-SERVICE/DENTAL						
MONTEREY COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION						

						AID CODES 73		----- MONTHLY AVERAGE -----	
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER			
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00		\$	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00			
BLOOD BANK	0	0	.00	.00	.000	.00			
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00			
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00			
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00			
OTHER TRANS	0	0	.00	.00	.000	.00			
OTHER SERVICES	0	0	.00	.00	.000	.00			
ACUPUNCTURE	0	0	.00	.00	.000	.00			
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00			
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00			

IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00
@XOVER EXCLUDING STATE HOSP**	1	2	\$ 26.81	\$ 13.41	.000	\$ 26.81

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	

PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00
@PHARMACY	0	0	\$.00	\$.00	\$.000	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00
SNF/ICF	0	0	.00	.00	.000	.00
OUTPATIENTS	0	0	.00	.00	.000	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00
@DENTIST	0	0	\$.00	\$.00	\$.000	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00
ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
MONTEREY COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS					
	AID CODES 51 52 56 57					

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$

LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	
LEV B-REHAB MD	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
LEV B-REGULAR	0	0		.00		.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00 \$
ICF DDH	0	0		.00		.00	.000	.00	
ICF DD	0	0		.00		.00	.000	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
PATHOLOGY	0	0		.00		.00	.000	.00	
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00 \$
CLINIC	0	0		.00		.00	.000	.00	
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	
#CALIF DEPT OF HEALTH SERV									PA
MOP024									
MONTEREY COUNTY									

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR IRCA ALIENS

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		C E
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

14,932 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	8,364	51,709	\$ 7,400,494.09	\$ 143.12	3.463	\$ 884.80	\$
@PHYSICIANS SERVICES	3,193	8,644	\$ 578,172.58	\$ 66.89	.579	\$ 181.08	\$
OUTPATIENT VISITS	1,412	3,286	160,304.18	48.78	.220	113.53	
OFFICE VISITS	137	167	5,716.06	34.23	.011	41.72	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	339	376	24,721.29	65.75	.025	72.92	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	1,015	2,734	129,682.58	47.43	.183	127.77	
OTHER OUTPATIENT	9	9	184.25	20.47	.001	20.47	
INPATIENT VISITS	411	1,042	61,194.97	58.73	.070	148.89	
HOSPITAL VISITS	388	896	40,890.50	45.64	.060	105.39	
CRITICAL CARE	41	146	20,304.47	139.07	.010	495.23	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.000	46.44	
EXAMINATIONS	1	1	46.44	46.44	.000	46.44	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	473	984	231,368.20	235.13	.066	489.15	
PRINCIPAL SURGEON	386	420	206,260.14	491.10	.028	534.35	
ASSISTANT SURGEON	37	37	6,207.22	167.76	.002	167.76	
ANESTHESIOLOGIST	85	527	18,900.84	35.86	.035	222.36	
OUTPATIENT SURGERY	190	336	14,005.80	41.68	.023	73.71	
PRINCIPAL SURGEON	182	284	12,100.76	42.61	.019	66.49	

ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	18	52	1,905.04	36.64	.003	105.84
DIALYSIS	13	28	3,530.50	126.09	.002	271.58
PATHOLOGY	205	602	4,922.00	8.18	.040	24.01
RADIOLOGY	1,384	1,859	78,063.72	41.99	.124	56.40
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	38	58	1,019.24	17.57	.004	26.82
OTHER SERVICES/ALL X-OVERS	366	448	23,717.53	52.94	.030	64.80
@PHARMACY	2,609	7,538	\$ 307,321.72	\$ 40.77	.505	\$ 117.79
PRESCRIPTION DRUGS	2,500	5,520	160,032.31	28.99	.370	64.01
SNF/ICF	1	7	68.56	9.79	.000	68.56
OUTPATIENTS	2,499	5,513	159,963.75	29.02	.369	64.01
MEDICAL SUPPLIES	315	2,018	147,289.41	72.99	.135	467.59
@DENTIST	28	89	\$ 1,901.75	\$ 21.37	.006	\$ 67.92
VISITS - DIAGNOSTIC	23	68	295.75	4.35	.005	12.86
ORAL SURGERY	11	12	1,343.00	111.92	.001	122.09
DRUGS	3	2	50.00	25.00	.000	16.67
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	2	3	213.00	71.00	.000	106.50
RESTORATIVE DENTISTRY	2	3	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	1	1	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

	14,932 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	
EYE APPLIANCES	0	0		.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$
VISITS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	
OTHER	0	0		.00	.00	.000	.00	
@HOME HEALTH AGENCY	108	127	\$	8,689.99	\$ 68.43	.009	\$ 80.46	\$
NURSE ANESTHESIST	1	4	\$	100.92	\$ 25.23	.000	\$ 100.92	\$
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$
@TOTAL HOSPITAL	3,430	14,829	\$	4,831,691.86	\$ 325.83	.993	\$ 1408.66	\$
HOSP INPATIENT TOTAL	891	3,086		4,547,359.13	1473.54	.207	5103.66	
HSC HOSPITALS	684	2,221		2,841,659.12	1279.45	.149	4154.47	
NON-HSC HOSPITAL TOTAL	207	865		1,705,700.01	1971.91	.058	8240.10	

ACCOMMODATIONS	207	865	528,997.95	611.56	.058	2555.55
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	207	865	528,997.95	611.56	.058	2555.55
ANCILLARIES	207	0	1,176,702.06	.00	.000	5684.55
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	2,902	11,743	284,332.73	24.21	.786	97.98
MEDICAL	195	248	14,216.93	57.33	.017	72.91
SURGERY	58	74	2,464.18	33.30	.005	42.49
PATHOLOGY	2,080	7,764	94,425.05	12.16	.520	45.40
RADIOLOGY	919	1,144	91,378.30	79.88	.077	99.43
ROOM USE	851	1,227	46,090.83	37.56	.082	54.16
CROSSOVERS/ALL OTH OUTPTNT	662	1,286	35,757.44	27.81	.086	54.01
@COUNTY HOSPITAL TOTAL	2,076	9,106	\$ 2,264,738.72	\$ 248.71	.610	\$ 1090.91
CO HOSPITAL INPATIENT TOTAL	599	1,760	2,107,259.26	1197.31	.118	3517.96
HSC HOSPITALS	599	1,760	2,107,259.26	1197.31	.118	3517.96
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	1,686	7,346	157,479.46	21.44	.492	93.40
MEDICAL	72	94	5,966.24	63.47	.006	82.86
SURGERY	22	34	988.10	29.06	.002	44.91
PATHOLOGY	1,252	5,339	67,974.62	12.73	.358	54.29
RADIOLOGY	470	568	39,543.81	69.62	.038	84.14
ROOM USE	508	751	26,817.50	35.71	.050	52.79
CROSSOVERS/ALL OTH OUTPTNT	331	560	16,189.19	28.91	.038	48.91

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

	14,932 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	1,445	5,723	\$ 2,566,953.14	\$ 448.53	.383	\$ 1776.44	\$	
COMM HOSP INPATIENT TOTAL	293	1,326	2,440,099.87	1840.20	.089	8327.99		
HSC HOSPITALS	86	461	734,399.86	1593.06	.031	8539.53		
NON-HSC HOSPITALS TOTAL	207	865	1,705,700.01	1971.91	.058	8240.10		
ACCOMMODATIONS	207	865	528,997.95	611.56	.058	2555.55		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		
ALL OTHER ACCOM	207	865	528,997.95	611.56	.058	2555.55		
ANCILLARIES	207	0	1,176,702.06	.00	.000	5684.55		
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		
COMM HOSP OUTPATIENT TOTAL	1,276	4,397	126,853.27	28.85	.294	99.41		
MEDICAL	123	154	8,250.69	53.58	.010	67.08		
SURGERY	36	40	1,476.08	36.90	.003	41.00		
PATHOLOGY	852	2,425	26,450.43	10.91	.162	31.05		
RADIOLOGY	453	576	51,834.49	89.99	.039	114.42		
ROOM USE	349	476	19,273.33	40.49	.032	55.22		

CROSSOVERS/ALL OTH OUTPTNT	333	726		19,568.25	26.95	.049	58.76	
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$	223.20	.00	.000	.00	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	0	0		223.20	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	19	1,941	\$	52,677.36	27.14	.130	2772.49	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	19	1,941		52,677.36	27.14	.130	2772.49	
@REHABILITATION FACILITY	16	152	\$	2,095.37	13.79	.010	130.96	\$
HOSPITAL BASED	2	2		94.76	47.38	.000	47.38	
INDEPENDENT FACILITY	14	150		2,000.61	13.34	.010	142.90	
@LABORATORY FACILITY	1,421	3,447	\$	68,634.18	19.91	.231	48.30	\$
PATHOLOGY	1,415	3,439		68,260.84	19.85	.230	48.24	
XO AND OTHERS	8	8		373.34	46.67	.001	46.67	
@ORGANIZED OUTPATIENT CLINIC	4,224	12,775	\$	1,475,159.61	115.47	.856	349.23	\$
CLINIC	97	411		13,533.32	32.93	.028	139.52	
SURGICENTER	0	0		.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	
RURAL HEALTH CLINIC	4,132	12,364		1,461,626.29	118.22	.828	353.73	

#CALIF DEPT OF HEALTH SERV MOP024
MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

						----- MONTHLY AVERAGE -----		
14,932 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER		
@ALL OTHER PROVIDERS	426	2,163	\$	73,825.55	\$ 34.13	.145	\$ 173.30	\$
DURABLE MED. EQUIP.	2	18		123.79	6.88	.001	61.90	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	90	1,809		38,616.40	21.35	.121	429.07	
AMBULANCES/AIR TRANS	89	1,778		20,718.80	11.65	.119	232.80	
OTHER TRANS	0	0		.00	.00	.000	.00	
OTHER SERVICES	30	31		17,897.60	577.34	.002	596.59	
ACUPUNCTURE	0	0		.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	332	334		34,998.00	104.78	.022	105.42	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	
OPTICIAN	0	0		.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	2	2		87.36	43.68	.000	43.68	
PROSTHETICS	2	2		87.36	43.68	.000	43.68	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	

SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	116	2,776	\$ 588,093.76	\$ 211.85	.186	\$ 5069.77
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	-
@TOTAL, ALL PROVIDERS	13	19	\$ 4,146.57	\$ 218.24	.000	\$ 318.97	\$
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	11	13	\$ 3,827.22	\$ 294.40	.000	\$ 347.93	\$
PRESCRIPTION DRUGS	11	13	3,827.22	294.40	.000	347.93	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	11	13	3,827.22	294.40	.000	347.93	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	1	2	\$ 45.60	\$ 22.80	.000	\$ 45.60	\$

VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00
ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	1	2	45.60	22.80	.000	45.60
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C F
@OPTOMETRIST	0	0	.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	.00	\$.00	.000	\$.00	\$
NURSE ANESTHESIST	0	0	.00	\$.00	.000	\$.00	\$
NURSE MIDWIFE	0	0	.00	\$.00	.000	\$.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$.00	\$

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		
HSC HOSPITALS	0	0		.00		.00	.000		.00		
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		
ACCOMMODATIONS	0	0		.00		.00	.000		.00		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		
ANCILLARIES	0	0		.00		.00	.000		.00		
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		
MEDICAL	0	0		.00		.00	.000		.00		
SURGERY	0	0		.00		.00	.000		.00		
PATHOLOGY	0	0		.00		.00	.000		.00		
RADIOLOGY	0	0		.00		.00	.000		.00		
ROOM USE	0	0		.00		.00	.000		.00		
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		
HSC HOSPITALS	0	0		.00		.00	.000		.00		
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		
ACCOMMODATIONS	0	0		.00		.00	.000		.00		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		
ANCILLARIES	0	0		.00		.00	.000		.00		
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		
MEDICAL	0	0		.00		.00	.000		.00		
SURGERY	0	0		.00		.00	.000		.00		
PATHOLOGY	0	0		.00		.00	.000		.00		
RADIOLOGY	0	0		.00		.00	.000		.00		
ROOM USE	0	0		.00		.00	.000		.00		
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005										PA
MOP024	FEE-FOR-SERVICE/DENTAL										
MONTEREY COUNTY	SUMMARY OF SERVICES FOR REFUGEES										
	AID CODES 01 02 08 0A										

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	

MEDICAL	0	0		.00	.00	.000	.00
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	0	0		.00	.00	.000	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$.00 \$
MENTALLY ILL	0	0		.00	.00	.000	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$.00 \$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$.00 \$
ICF DDH	0	0		.00	.00	.000	.00
ICF DD	0	0		.00	.00	.000	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$.00 \$
PATHOLOGY	0	0		.00	.00	.000	.00
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	4	4	\$	273.75	\$	68.44	.000 \$ 68.44 \$
CLINIC	0	0		.00		.000	.00
SURGICENTER	0	0		.00		.000	.00
HEROIN DETOX CLINIC	0	0		.00		.000	.00
RURAL HEALTH CLINIC	4	4		273.75		68.44	.000 68.44
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						
MOP024	FEE-FOR-SERVICE/DENTAL						
MONTEREY COUNTY	SUMMARY OF SERVICES FOR REFUGEES						
				AID CODES 01 02 08 0A			

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		C
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	

PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
 MOP024 FEE-FOR-SERVICE/DENTAL
 MONTEREY COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@TOTAL, ALL PROVIDERS	164	337	\$ 21,041.72	\$ 62.44	84.250	\$ 128.30	\$
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	7	8	\$ 2,501.80	\$ 312.73	2.000	\$ 357.40	\$

PRESCRIPTION DRUGS	7	8		2,501.80	312.73	2.000	357.40		
SNF/ICF	0	0		.00	.00	.000	.00		
OUTPATIENTS	7	8		2,501.80	312.73	2.000	357.40		
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		
@DENTIST	39	157	\$	4,861.19	\$ 30.96	39.250	\$ 124.65	\$	
VISITS - DIAGNOSTIC	29	113		1,564.19	13.84	28.250	53.94		
ORAL SURGERY	6	13		502.00	38.62	3.250	83.67		
DRUGS	0	0		.00	.00	.000	.00		
ANESTHESIA	1	2		100.00	50.00	.500	100.00		
PERIODONTICS	4	4		354.00	88.50	1.000	88.50		
ENDODONTICS	2	2		1,325.00	662.50	.500	662.50		
RESTORATIVE DENTISTRY	11	20		1,016.00	50.80	5.000	92.36		
PROSTHETICS	0	0		.00	.00	.000	.00		
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		
ALL OTHER SERVICES	2	3		.00	.00	.750	.00		
#CALIF DEPT OF HEALTH SERV				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
MOP024				FEE-FOR-SERVICE/DENTAL					
MONTEREY COUNTY				SUMMARY OF SERVICES FOR BCCTP-FEDERAL					
				AID CODES 0M 0N 0P					

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		C E
						UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	
EYE APPLIANCES	0	0		.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$
VISITS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	
OTHER	0	0		.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$
@TOTAL HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	
MEDICAL	0	0		.00	.00	.000	.00	

SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
MONTEREY COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL					
AID CODES 0M 0N 0P						

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		C E
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	

ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00
MEDICAL	0	0		.00	.00	.000	.00
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	0	0		.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$.00 \$
MENTALLY ILL	0	0		.00	.00	.000	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$.00 \$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$.00 \$
ICF DDH	0	0		.00	.00	.000	.00
ICF DD	0	0		.00	.00	.000	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$.00 \$
PATHOLOGY	0	0		.00	.00	.000	.00
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	110	152	\$	13,443.97	\$	88.45	\$ 38.000 \$ 122.22 \$
CLINIC	0	0		.00	.00	.000	.00
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	110	152		13,443.97	88.45	38.000	122.22

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES OM ON OP

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	10	20	\$ 234.76	\$ 11.74	5.000	\$ 23.48	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	

GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	10	20	234.76	11.74	5.000	23.48
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE -		C E
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	31	69	\$ 11,321.43	\$ 164.08	1.533	\$ 365.21	\$
@PHYSICIANS SERVICES	2	2	\$ 314.27	\$ 157.14	.044	\$ 157.14	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	

RADIOLOGY	2	2		314.27		157.14	.044	157.14	
PSYCHIATRY	0	0		.00		.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	
@PHARMACY	11	13	\$	278.17	\$	21.40	.289	25.29	\$
PRESCRIPTION DRUGS	11	13		278.17		21.40	.289	25.29	
SNF/ICF	0	0		.00		.00	.000	.00	
OUTPATIENTS	11	13		278.17		21.40	.289	25.29	
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	
@DENTIST	1	1	\$	.00	\$	.00	.022	.00	\$
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	
ORAL SURGERY	0	0		.00		.00	.000	.00	
DRUGS	0	0		.00		.00	.000	.00	
ANESTHESIA	0	0		.00		.00	.000	.00	
PERIODONTICS	0	0		.00		.00	.000	.00	
ENDODONTICS	1	1		.00		.00	.022	.00	
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	
PROSTHETICS	0	0		.00		.00	.000	.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C E
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	-\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	-\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	-\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	-\$
@TOTAL HOSPITAL	9	35	\$ 9,176.93	\$ 262.20	.778	\$ 1019.66	\$
HOSP INPATIENT TOTAL	1	3	8,164.92	2721.64	.067	8164.92	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	1	3	8,164.92	2721.64	.067	8164.92	
ACCOMMODATIONS	1	3	1,933.05	644.35	.067	1933.05	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	1	3	1,933.05	644.35	.067	1933.05	

ANCILLARIES	1	0	6,231.87	.00	.000	6231.87
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	8	32	1,012.01	31.63	.711	126.50
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	6	26	321.59	12.37	.578	53.60
RADIOLOGY	5	6	690.42	115.07	.133	138.08
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA						
MOP024	FEE-FOR-SERVICE/DENTAL					
MONTEREY COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V					
----- MONTHLY AVERAGE -						
45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@COMMUNITY HOSPITAL TOTAL	9	35	\$ 9,176.93	\$ 262.20	.778	\$ 1019.66
COMM HOSP INPATIENT TOTAL	1	3	8,164.92	2721.64	.067	8164.92
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	1	3	8,164.92	2721.64	.067	8164.92
ACCOMMODATIONS	1	3	1,933.05	644.35	.067	1933.05
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	1	3	1,933.05	644.35	.067	1933.05
ANCILLARIES	1	0	6,231.87	.00	.000	6231.87
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	8	32	1,012.01	31.63	.711	126.50
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	6	26	321.59	12.37	.578	53.60
RADIOLOGY	5	6	690.42	115.07	.133	138.08
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

49 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	195	406	\$ 32,363.15	\$ 79.71	8.286	\$ 165.96	\$
@PHYSICIANS SERVICES	2	2	\$ 314.27	\$ 157.14	.041	\$ 157.14	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	

PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	
RADIOLOGY	2	2		314.27	157.14	.041	157.14	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	
@PHARMACY	18	21	\$	2,779.97	\$ 132.38	.429	\$ 154.44	\$
PRESCRIPTION DRUGS	18	21		2,779.97	132.38	.429	154.44	
SNF/ICF	0	0		.00	.00	.000	.00	
OUTPATIENTS	18	21		2,779.97	132.38	.429	154.44	
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	
@DENTIST	40	158	\$	4,861.19	\$ 30.77	3.224	\$ 121.53	\$
VISITS - DIAGNOSTIC	29	113		1,564.19	13.84	2.306	53.94	
ORAL SURGERY	6	13		502.00	38.62	.265	83.67	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	1	2		100.00	50.00	.041	100.00	
PERIODONTICS	4	4		354.00	88.50	.082	88.50	
ENDODONTICS	3	3		1,325.00	441.67	.061	441.67	
RESTORATIVE DENTISTRY	11	20		1,016.00	50.80	.408	92.36	
PROSTHETICS	0	0		.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	
ALL OTHER SERVICES	2	3		.00	.00	.061	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							PA
MOP024	FEE-FOR-SERVICE/DENTAL							
MONTEREY COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL							

49 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	C E
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
@TOTAL HOSPITAL	9	35	\$ 9,176.93	\$ 262.20	.714	\$ 1019.66	\$
HOSP INPATIENT TOTAL	1	3	8,164.92	2721.64	.061	8164.92	
HSC HOSPITALS	0	0	.00	.00	.000	.00	

NON-HSC HOSPITAL TOTAL	1	3	8,164.92	2721.64	.061	8164.92
ACCOMMODATIONS	1	3	1,933.05	644.35	.061	1933.05
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	1	3	1,933.05	644.35	.061	1933.05
ANCILLARIES	1	0	6,231.87	.00	.000	6231.87
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	8	32	1,012.01	31.63	.653	126.50
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	6	26	321.59	12.37	.531	53.60
RADIOLOGY	5	6	690.42	115.07	.122	138.08
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
MONTEREY COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL					

49 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		C F
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	9	35	\$ 9,176.93	\$ 262.20	.714	\$ 1019.66	\$
COMM HOSP INPATIENT TOTAL	1	3	8,164.92	2721.64	.061	8164.92	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	1	3	8,164.92	2721.64	.061	8164.92	
ACCOMMODATIONS	1	3	1,933.05	644.35	.061	1933.05	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	1	3	1,933.05	644.35	.061	1933.05	
ANCILLARIES	1	0	6,231.87	.00	.000	6231.87	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	8	32	1,012.01	31.63	.653	126.50	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	6	26	321.59	12.37	.531	53.60	
RADIOLOGY	5	6	690.42	115.07	.122	138.08	

ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	124	170	\$ 14,996.03	\$ 88.21	3.469	\$ 120.94
CLINIC	0	0	.00	.00	.000	.00
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	124	170	14,996.03	88.21	3.469	120.94

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

49 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER	PER ELIG	USER	- C E
@ALL OTHER PROVIDERS	10	20	\$ 234.76	\$ 11.74	.408	\$ 23.48	\$	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00		
BLOOD BANK	0	0	.00	.00	.000	.00		
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00		
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00		
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00		
OTHER TRANS	0	0	.00	.00	.000	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00		
ACUPUNCTURE	0	0	.00	.00	.000	.00		
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00		
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		
OPTICIAN	10	20	234.76	11.74	.408	23.48		
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		
PORTABLE X-RAY	0	0	.00	.00	.000	.00		
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00		
PROSTHETICS	0	0	.00	.00	.000	.00		
ORTHOTICS	0	0	.00	.00	.000	.00		

PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

192 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER	PER ELIG USER	- C F
@TOTAL, ALL PROVIDERS	339	4,812	\$ 209,144.77	\$ 43.46	25.063	\$ 616.95	\$
@PHYSICIANS SERVICES	53	91	\$ 2,034.58	\$ 22.36	.474	\$ 38.39	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
DIALYSIS	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
PSYCHIATRY	0	0		.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	53	91		2,034.58	22.36	.474	38.39
@PHARMACY	27	697	\$	1,711.41	\$ 2.46	3.630	\$ 63.39
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00
SNF/ICF	0	0		.00	.00	.000	.00
OUTPATIENTS	0	0		.00	.00	.000	.00
MEDICAL SUPPLIES	27	697		1,711.41	2.46	3.630	63.39
@DENTIST	0	1CR	\$	.00	\$.00	.005CR\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00
ORAL SURGERY	0	0		.00	.00	.000	.00
DRUGS	0	0		.00	.00	.000	.00
ANESTHESIA	0	0		.00	.00	.000	.00
PERIODONTICS	0	0		.00	.00	.000	.00
ENDODONTICS	0	0		.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	1CR		.00	.00	.005CR	.00
PROSTHETICS	0	0		.00	.00	.000	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

192 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	5	7	\$ 141.50	\$ 20.21	.036	\$ 28.30	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	5	7	141.50	20.21	.036	28.30	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$

PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	235	332	\$	203,268.30	\$	612.25	1.729	\$	864.97	\$
HOSP INPATIENT TOTAL	194	0		195,552.35		.00	.000		1008.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	194	0		195,552.35		.00	.000		1008.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	45	332		7,715.95		23.24	1.729		171.47	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	45	332		7,715.95		23.24	1.729		171.47	
@COUNTY HOSPITAL TOTAL	12	25	\$	10,595.62	\$	423.82	.130	\$	882.97	\$
CO HOSPITAL INPATIENT TOTAL	9	0		10,434.52		.00	.000		1159.39	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	9	0		10,434.52		.00	.000		1159.39	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	4	25		161.10		6.44	.130		40.28	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	4	25		161.10		6.44	.130		40.28	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

192 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	224	307	\$ 192,672.68	\$ 627.60	1.599	\$ 860.15	\$
COMM HOSP INPATIENT TOTAL	185	0	185,117.83	.00	.000	1000.64	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	185	0	185,117.83	.00	.000	1000.64	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	

COMM HOSP OUTPATIENT TOTAL	41	307		7,554.85		24.61	1.599	184.26	
MEDICAL	0	0		.00		.00	.000	.00	
SURGERY	0	0		.00		.00	.000	.00	
PATHOLOGY	0	0		.00		.00	.000	.00	
RADIOLOGY	0	0		.00		.00	.000	.00	
ROOM USE	0	0		.00		.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	41	307		7,554.85		24.61	1.599	184.26	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	\$
MENTALLY ILL	0	0		.00		.00	.000	.00	
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	.00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	
LEV B-REHAB MD	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
LEV B-REGULAR	0	0		.00		.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	\$
ICF DDH	0	0		.00		.00	.000	.00	
ICF DD	0	0		.00		.00	.000	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	
@HEMODIALYSIS TOTAL	2	8	\$	572.78	\$	71.60	.042	286.39	\$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
HEMODIALYSIS CENTER	2	8		572.78		71.60	.042	286.39	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	.00	\$
PATHOLOGY	0	0		.00		.00	.000	.00	
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	.00	\$
CLINIC	0	0		.00		.00	.000	.00	
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	
#CALIF DEPT OF HEALTH SERV									PA
MOP024									
MONTEREY COUNTY									

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR QMB - ONLY

192 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	23	3,678	\$ 1,416.20	\$.39	19.156	\$ 61.57	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	

PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	1	1	8.57	8.57	.005	8.57
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	22	3,677	1,407.63	.38	19.151	63.98
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00
@XOVER EXCLUDING STATE HOSP**	339	4,813	\$ 209,144.77	\$ 43.45	25.068	\$ 616.95

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL		
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 133% PROGRAM	AID CODES 72 74 8N 8P	

1,992 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	3,343	11,206	\$ 614,640.77	\$ 54.85	5.626	\$ 183.86	\$
@PHYSICIANS SERVICES	107	514	\$ 32,043.30	\$ 62.34	.258	\$ 299.47	\$
OUTPATIENT VISITS	56	69	3,784.26	54.84	.035	67.58	
OFFICE VISITS	19	21	1,311.16	62.44	.011	69.01	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	23	29	1,834.62	63.26	.015	79.77	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	14	19	638.48	33.60	.010	45.61	
INPATIENT VISITS	13	120	8,069.62	67.25	.060	620.74	
HOSPITAL VISITS	13	118	7,451.42	63.15	.059	573.19	
CRITICAL CARE	1	2	618.20	309.10	.001	618.20	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	2	3	136.28	45.43	.002	68.14	
EXAMINATIONS	2	3	136.28	45.43	.002	68.14	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	9	41	2,592.23	63.23	.021	288.03	
PRINCIPAL SURGEON	5	7	1,343.54	191.93	.004	268.71	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	4	34	1,248.69	36.73	.017	312.17	
OUTPATIENT SURGERY	12	144	8,410.29	58.40	.072	700.86	
PRINCIPAL SURGEON	5	6	1,779.88	296.65	.003	355.98	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	7	138	6,630.41	48.05	.069	947.20	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	3	3	128.25	42.75	.002	42.75	
RADIOLOGY	27	69	4,021.84	58.29	.035	148.96	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	31	65	4,900.53	75.39	.033	158.08	

@PHARMACY	69	112	\$	13,009.25	\$	116.15	.056	\$	188.54	\$	
PRESCRIPTION DRUGS	66	98		12,407.27		126.60	.049		187.99		
SNF/ICF	0	0		.00		.00	.000		.00		
OUTPATIENTS	66	98		12,407.27		126.60	.049		187.99		
MEDICAL SUPPLIES	6	14		601.98		43.00	.007		100.33		
@DENTIST	978	5,783	\$	141,357.84	\$	24.44	2.903	\$	144.54	\$	
VISITS - DIAGNOSTIC	912	3,997		49,842.51		12.47	2.007		54.65		
ORAL SURGERY	57	95		3,995.00		42.05	.048		70.09		
DRUGS	173	185		4,367.35		23.61	.093		25.24		
ANESTHESIA	0	0		.00		.00	.000		.00		
PERIODONTICS	0	0		.00		.00	.000		.00		
ENDODONTICS	103	354		22,786.60		64.37	.178		221.23		
RESTORATIVE DENTISTRY	200	1,079		58,585.38		54.30	.542		292.93		
PROSTHETICS	2	2		30.00		15.00	.001		15.00		
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		
SPACE MAINTAINERS	14	16		1,751.00		109.44	.008		125.07		
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		
ALL OTHER SERVICES	30	55		.00		.00	.028		.00		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005										PA
MOP024	FEE-FOR-SERVICE/DENTAL										
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 133% PROGRAM										
	AID CODES 72 74 8N 8P										

1,992 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00
OTHER	0	0		.00	.00	.000	.00
@HOME HEALTH AGENCY	4	14	\$	997.29	\$ 71.24	.007	\$ 249.32
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00
@TOTAL HOSPITAL	86	564	\$	170,375.91	\$ 302.08	.283	\$ 1981.12
HOSP INPATIENT TOTAL	16	92		151,319.00	1644.77	.046	9457.44
HSC HOSPITALS	16	92		151,319.00	1644.77	.046	9457.44
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	76	472		19,056.91	40.37	.237	250.75
MEDICAL	23	42		3,591.69	85.52	.021	156.16
SURGERY	3	9		1,029.29	114.37	.005	343.10
PATHOLOGY	25	192		2,496.54	13.00	.096	99.86
RADIOLOGY	14	38		5,356.00	140.95	.019	382.57
ROOM USE	45	67		3,711.23	55.39	.034	82.47
CROSSOVERS/ALL OTH OUTPTNT	29	124		2,872.16	23.16	.062	99.04
@COUNTY HOSPITAL TOTAL	32	98	\$	46,709.38	\$ 476.63	.049	\$ 1459.67
CO HOSPITAL INPATIENT TOTAL	5	34		43,992.00	1293.88	.017	8798.40
HSC HOSPITALS	5	34		43,992.00	1293.88	.017	8798.40
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	28	64		2,717.38	42.46	.032	97.05
MEDICAL	7	12		1,627.53	135.63	.006	232.50
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	9	23		245.49	10.67	.012	27.28
RADIOLOGY	5	5		271.39	54.28	.003	54.28
ROOM USE	11	12		447.33	37.28	.006	40.67
CROSSOVERS/ALL OTH OUTPTNT	9	12		125.64	10.47	.006	13.96

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

	1,992 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	54	466	\$	123,666.53	\$ 265.38	.234	\$ 2290.12	\$
COMM HOSP INPATIENT TOTAL	11	58		107,327.00	1850.47	.029	9757.00	
HSC HOSPITALS	11	58		107,327.00	1850.47	.029	9757.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	

TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	48	408		16,339.53	40.05	.205	340.41
MEDICAL	16	30		1,964.16	65.47	.015	122.76
SURGERY	3	9		1,029.29	114.37	.005	343.10
PATHOLOGY	16	169		2,251.05	13.32	.085	140.69
RADIOLOGY	9	33		5,084.61	154.08	.017	564.96
ROOM USE	34	55		3,263.90	59.34	.028	96.00
CROSSOVERS/ALL OTH OUTPTNT	20	112		2,746.52	24.52	.056	137.33
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00
MENTALLY ILL	0	0		.00	.00	.000	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00
ICF DDH	0	0		.00	.00	.000	.00
ICF DD	0	0		.00	.00	.000	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00
@REHABILITATION FACILITY	18	145	\$	2,331.85	16.08	.073	129.55
HOSPITAL BASED	2	5		223.98	44.80	.003	111.99
INDEPENDENT FACILITY	16	140		2,107.87	15.06	.070	131.74
@LABORATORY FACILITY	3	3	\$	40.14	13.38	.002	13.38
PATHOLOGY	3	3		40.14	13.38	.002	13.38
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	2,061	2,867	\$	237,213.35	82.74	1.439	115.10
CLINIC	0	0		.00	.00	.000	.00
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	2,061	2,867		237,213.35	82.74	1.439	115.10

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

	1,992 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	90	1,204	\$	17,271.84	\$ 14.35	.604	\$ 191.91	\$
DURABLE MED. EQUIP.	5	17		7,097.00	417.47	.009	1419.40	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	2	83		415.63	5.01	.042	207.82	
AMBULANCES/AIR TRANS	1	82		405.75	4.95	.041	405.75	
OTHER TRANS	0	0		.00	.00	.000	.00	
OTHER SERVICES	1	1		9.88	9.88	.001	9.88	
ACUPUNCTURE	0	0		.00	.00	.000	.00	

----- MONTHLY AVERAGE -

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	24	49	421.72	8.61	.025	17.57
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	2	6	840.50	140.08	.003	420.25
PROSTHETICS	2	6	840.50	140.08	.003	420.25
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	2	5	258.24	51.65	.003	129.12
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	54	1,042	7,942.30	7.62	.523	147.08
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	2	2	296.45	148.23	.001	148.23
@CALIF. CHILDREN SERVICES*	144	1,319	\$ 216,331.26	\$ 164.01	.662	\$ 1502.30
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL	
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM	
	AID CODES 7A 7C 8R 8T	

	2,805 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C E
@TOTAL, ALL PROVIDERS	2,025	11,490	\$	714,528.82	\$ 62.19	4.096	\$ 352.85	\$
@PHYSICIANS SERVICES	137	639	\$	44,209.00	\$ 69.18	.228	\$ 322.69	\$
OUTPATIENT VISITS	66	112		6,001.50	53.58	.040	90.93	
OFFICE VISITS	18	21		985.19	46.91	.007	54.73	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	17	18		959.51	53.31	.006	56.44	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	17	38		2,385.24	62.77	.014	140.31	
OTHER OUTPATIENT	15	35		1,671.56	47.76	.012	111.44	
INPATIENT VISITS	29	156		11,615.81	74.46	.056	400.55	
HOSPITAL VISITS	27	136		8,100.15	59.56	.048	300.01	
CRITICAL CARE	5	20		3,515.66	175.78	.007	703.13	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	19	102		12,308.65	120.67	.036	647.82	
PRINCIPAL SURGEON	13	15		9,033.65	602.24	.005	694.90	
ASSISTANT SURGEON	1	1		138.84	138.84	.000	138.84	
ANESTHESIOLOGIST	7	86		3,136.16	36.47	.031	448.02	
OUTPATIENT SURGERY	20	47		3,936.09	83.75	.017	196.80	
PRINCIPAL SURGEON	15	22		2,935.02	133.41	.008	195.67	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	7	25		1,001.07	40.04	.009	143.01	
DIALYSIS	0	0		.00	.00	.000	.00	

PATHOLOGY	14	29		1,144.80	39.48	.010	81.77	
RADIOLOGY	53	138		6,777.17	49.11	.049	127.87	
PSYCHIATRY	3	3		117.92	39.31	.001	39.31	
IMMUNIZATION AND INJECTION	1	3		23.57	7.86	.001	23.57	
OTHER SERVICES/ALL X-OVERS	17	49		2,283.49	46.60	.017	134.32	
@PHARMACY	126	1,285	\$	32,660.63	25.42	.458	259.21	\$
PRESCRIPTION DRUGS	114	301		26,436.13	87.83	.107	231.90	
SNF/ICF	0	0		.00	.00	.000	.00	
OUTPATIENTS	114	301		26,436.13	87.83	.107	231.90	
MEDICAL SUPPLIES	32	984		6,224.50	6.33	.351	194.52	
@DENTIST	778	4,712	\$	104,044.70	22.08	1.680	133.73	\$
VISITS - DIAGNOSTIC	652	3,488		45,434.25	13.03	1.243	69.68	
ORAL SURGERY	80	164		10,765.00	65.64	.058	134.56	
DRUGS	139	167		3,695.00	22.13	.060	26.58	
ANESTHESIA	8	8		800.00	100.00	.003	100.00	
PERIODONTICS	1	1		118.00	118.00	.000	118.00	
ENDODONTICS	50	75		6,612.00	88.16	.027	132.24	
RESTORATIVE DENTISTRY	291	731		34,467.95	47.15	.261	118.45	
PROSTHETICS	3	5		90.00	18.00	.002	30.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	
SPACE MAINTAINERS	8	8		880.00	110.00	.003	110.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	22	26		1,032.50	39.71	.009	46.93	
ALL OTHER SERVICES	25	39		150.00	3.85	.014	6.00	
#CALIF DEPT OF HEALTH SERV								PA
MOP024								
MONTEREY COUNTY								
				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005				
				FEE-FOR-SERVICE/DENTAL				
				SUMMARY OF SERVICES FOR 100% PROGRAM				
				AID CODES 7A 7C 8R 8T				
2,805 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	-
@OPTOMETRIST	0	0	\$	.00	.00	.000	.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	
EYE APPLIANCES	0	0		.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	\$
VISITS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
@PODIATRIST	0	0	\$	.00	.00	.000	.00	\$
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	
OTHER	0	0		.00	.00	.000	.00	
@HOME HEALTH AGENCY	5	23	\$	1,632.32	70.97	.008	326.46	\$
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	\$
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	145	1,573	\$	402,085.38	255.62	.561	2773.00	\$
HOSP INPATIENT TOTAL	29	202		359,088.62	1777.67	.072	12382.37	
HSC HOSPITALS	20	164		291,782.18	1779.16	.058	14589.11	
NON-HSC HOSPITAL TOTAL	9	38		67,306.44	1771.22	.014	7478.49	
ACCOMMODATIONS	9	38		24,563.58	646.41	.014	2729.29	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	

ALL OTHER ACCOM	9	38	24,563.58	646.41	.014	2729.29		
ANCILLARIES	9	0	42,742.86	.00	.000	4749.21		
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		
HOSP OUTPATIENT TOTAL	126	1,371	42,996.76	31.36	.489	341.24		
MEDICAL	28	340	17,831.05	52.44	.121	636.82		
SURGERY	10	12	739.21	61.60	.004	73.92		
PATHOLOGY	67	720	9,836.40	13.66	.257	146.81		
RADIOLOGY	35	53	7,597.68	143.35	.019	217.08		
ROOM USE	47	77	3,587.33	46.59	.027	76.33		
CROSSOVERS/ALL OTH OUTPTNT	38	169	3,405.09	20.15	.060	89.61		
@COUNTY HOSPITAL TOTAL	53	193	\$ 63,899.43	\$ 331.09	.069	\$ 1205.65	\$	
CO HOSPITAL INPATIENT TOTAL	11	49	60,032.18	1225.15	.017	5457.47		
HSC HOSPITALS	11	49	60,032.18	1225.15	.017	5457.47		
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		
ACCOMMODATIONS	0	0	.00	.00	.000	.00		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		
ANCILLARIES	0	0	.00	.00	.000	.00		
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		
CO HOSP OUTPATIENT TOTAL	44	144	3,867.25	26.86	.051	87.89		
MEDICAL	6	8	670.99	83.87	.003	111.83		
SURGERY	0	0	.00	.00	.000	.00		
PATHOLOGY	24	83	1,001.47	12.07	.030	41.73		
RADIOLOGY	11	16	1,051.88	65.74	.006	95.63		
ROOM USE	18	21	784.30	37.35	.007	43.57		
CROSSOVERS/ALL OTH OUTPTNT	10	16	358.61	22.41	.006	35.86		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA	
MOP024	FEE-FOR-SERVICE/DENTAL							
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM							
			AID CODES 7A 7C 8R 8T					
			----- MONTHLY AVERAGE -					
2,805 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	
@COMMUNITY HOSPITAL TOTAL	96	1,380	\$ 338,185.95	\$ 245.06	.492	\$ 3522.77	\$	

COMM HOSP INPATIENT TOTAL	19	153		299,056.44	1954.62	.055	15739.81	
HSC HOSPITALS	10	115		231,750.00	2015.22	.041	23175.00	
NON-HSC HOSPITALS TOTAL	9	38		67,306.44	1771.22	.014	7478.49	
ACCOMMODATIONS	9	38		24,563.58	646.41	.014	2729.29	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	9	38		24,563.58	646.41	.014	2729.29	
ANCILLARIES	9	0		42,742.86	.00	.000	4749.21	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	84	1,227		39,129.51	31.89	.437	465.83	
MEDICAL	22	332		17,160.06	51.69	.118	780.00	
SURGERY	10	12		739.21	61.60	.004	73.92	
PATHOLOGY	43	637		8,834.93	13.87	.227	205.46	
RADIOLOGY	24	37		6,545.80	176.91	.013	272.74	
ROOM USE	30	56		2,803.03	50.05	.020	93.43	
CROSSOVERS/ALL OTH OUTPTNT	28	153		3,046.48	19.91	.055	108.80	
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	
@REHABILITATION FACILITY	5	52	\$	1,029.38	19.80	.019	205.88	\$
HOSPITAL BASED	1	4		154.77	38.69	.001	154.77	
INDEPENDENT FACILITY	4	48		874.61	18.22	.017	218.65	
@LABORATORY FACILITY	16	33	\$	581.91	17.63	.012	36.37	\$
PATHOLOGY	16	33		581.91	17.63	.012	36.37	
XO AND OTHERS	0	0		.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	703	1,142	\$	103,759.46	90.86	.407	147.60	\$
CLINIC	1	2		51.67	25.84	.001	51.67	
SURGICENTER	1	1		55.00	55.00	.000	55.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	
RURAL HEALTH CLINIC	701	1,139		103,652.79	91.00	.406	147.86	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							
MOP024	FEE-FOR-SERVICE/DENTAL							
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM							
				AID CODES 7A 7C 8R 8T				
				----- MONTHLY AVERAGE -				
2,805 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		
@ALL OTHER PROVIDERS	277	2,031	\$	24,526.04	\$ 12.08	.724	\$ 88.54	\$
DURABLE MED. EQUIP.	2	5		506.45	101.29	.002	253.23	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	3	8		1,314.94	164.37	.003	438.31	

MEDICAL TRANSPORTATION	8	286	5,783.07	20.22	.102	722.88
AMBULANCES/AIR TRANS	8	283	2,698.19	9.53	.101	337.27
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	3	3	3,084.88	1028.29	.001	1028.29
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	16	16	1,680.00	105.00	.006	105.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	76	162	1,312.53	8.10	.058	17.27
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	1	1	37.98	37.98	.000	37.98
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	170	1,551	13,796.33	8.90	.553	81.15
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	2	2	94.74	47.37	.001	47.37
@CALIF. CHILDREN SERVICES*	155	3,137	\$ 366,528.23	\$ 116.84	1.118	\$ 2364.70
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		C E
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	8,986	27,237	\$ 1,917,088.55	\$ 70.39	9079.000	\$ 213.34	\$63
@PHYSICIANS SERVICES	1,807	4,662	\$ 245,297.84	\$ 52.62	1554.000	\$ 135.75	\$ 8
OUTPATIENT VISITS	1,047	3,203	153,630.46	47.96	1067.667	146.73	5
OFFICE VISITS	17	19	246.80	12.99	6.333	14.52	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	1,038	3,184	153,383.66	48.17	1061.333	147.77	5
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	4	40	534.40	13.36	13.333	133.60	
PRINCIPAL SURGEON	2	2	252.98	126.49	.667	126.49	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	2	38	281.42	7.41	12.667	140.71	

OUTPATIENT SURGERY	125	152		17,059.48		112.23	50.667	136.48	
PRINCIPAL SURGEON	119	142		15,661.06		110.29	47.333	131.61	
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	
ANESTHESIOLOGIST	9	10		1,398.42		139.84	3.333	155.38	
DIALYSIS	0	0		.00		.00	.000	.00	
PATHOLOGY	257	276		1,357.36		4.92	92.000	5.28	
RADIOLOGY	881	953		67,452.51		70.78	317.667	76.56	2
PSYCHIATRY	0	0		.00		.00	.000	.00	
IMMUNIZATION AND INJECTION	8	24		700.32		29.18	8.000	87.54	
OTHER SERVICES/ALL X-OVERS	14	14		4,563.31		325.95	4.667	325.95	
@PHARMACY	1,156	1,984	\$	46,914.44	\$	23.65	661.333	40.58	\$ 1
PRESCRIPTION DRUGS	1,083	1,801		31,169.12		17.31	600.333	28.78	1
SNF/ICF	0	0		.00		.00	.000	.00	
OUTPATIENTS	1,083	1,801		31,169.12		17.31	600.333	28.78	1
MEDICAL SUPPLIES	97	183		15,745.32		86.04	61.000	162.32	
@DENTIST	0	0	\$	.00	\$	.00	.000	.00	\$
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	
ORAL SURGERY	0	0		.00		.00	.000	.00	
DRUGS	0	0		.00		.00	.000	.00	
ANESTHESIA	0	0		.00		.00	.000	.00	
PERIODONTICS	0	0		.00		.00	.000	.00	
ENDODONTICS	0	0		.00		.00	.000	.00	
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	
PROSTHETICS	0	0		.00		.00	.000	.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		C
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE ANESTHESIST	1	2	\$ 61.87	\$ 30.94	.667	\$ 61.87	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	1,473	2,872	\$ 100,934.37	\$ 35.14	957.333	\$ 68.52	\$ 3
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	

HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	1,473	2,872	100,934.37	35.14	957.333	68.52	3
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	7	7	296.76	42.39	2.333	42.39	
PATHOLOGY	1,185	2,132	48,860.00	22.92	710.667	41.23	1
RADIOLOGY	481	578	45,799.05	79.24	192.667	95.22	1
ROOM USE	119	136	4,653.02	34.21	45.333	39.10	
CROSSOVERS/ALL OTH OUTPTNT	19	19	1,325.54	69.77	6.333	69.77	
@COUNTY HOSPITAL TOTAL	654	1,274	\$ 48,239.58	\$ 37.86	424.667	\$ 73.76	\$ 1
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	654	1,274	48,239.58	37.86	424.667	73.76	1
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	6	6	268.07	44.68	2.000	44.68	
PATHOLOGY	500	807	19,014.33	23.56	269.000	38.03	
RADIOLOGY	253	335	23,967.52	71.54	111.667	94.73	
ROOM USE	97	107	3,664.12	34.24	35.667	37.77	
CROSSOVERS/ALL OTH OUTPTNT	19	19	1,325.54	69.77	6.333	69.77	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

	03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	823	1,598	\$	52,694.79	\$ 32.98	532.667	\$ 64.03	\$ 1
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	823	1,598		52,694.79	32.98	532.667	64.03	1
MEDICAL	0	0		.00	.00	.000	.00	
SURGERY	1	1		28.69	28.69	.333	28.69	
PATHOLOGY	686	1,325		29,845.67	22.53	441.667	43.51	

RADIOLOGY	228	243		21,831.53		89.84	81.000	95.75	
ROOM USE	22	29		988.90		34.10	9.667	44.95	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	\$
MENTALLY ILL	0	0		.00		.00	.000	.00	
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	.00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	
LEV B-REHAB MD	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
LEV B-REGULAR	0	0		.00		.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	\$
ICF DDH	0	0		.00		.00	.000	.00	
ICF DD	0	0		.00		.00	.000	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	
@LABORATORY FACILITY	2,485	5,882	\$	152,050.28	\$	25.85	1960.667	61.19	\$ 5
PATHOLOGY	2,485	5,882		152,050.28		25.85	1960.667	61.19	5
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	5,328	11,475	\$	1,334,077.75	\$	116.26	3825.000	250.39	\$44
CLINIC	587	1,088		101,022.97		92.85	362.667	172.10	3
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	4,744	10,387		1,233,054.78		118.71	3462.333	259.92	41
#CALIF DEPT OF HEALTH SERV									PA
MOP024									
MONTEREY COUNTY									

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

	03 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
--	--------------	-------	------------------	--------------	--------------	------------	----------	---

----- MONTHLY AVERAGE -

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	F
@ALL OTHER PROVIDERS	358	360	\$	37,752.00	\$ 104.87	120.000	\$ 105.45	\$ 1
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	
OTHER TRANS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
ACUPUNCTURE	0	0		.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	358	360		37,752.00	104.87	120.000	105.45	1
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	
OPTICIAN	0	0		.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

	47 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	28	367	\$	9,107.44	\$ 24.82	7.809	\$ 325.27	\$
@PHYSICIANS SERVICES	3	6	\$	1,367.96	\$ 227.99	.128	\$ 455.99	\$
OUTPATIENT VISITS	1	2		42.00	21.00	.043	42.00	
OFFICE VISITS	1	2		42.00	21.00	.043	42.00	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	0	0		.00	.00	.000	.00	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	
INPATIENT VISITS	0	0		.00	.00	.000	.00	
HOSPITAL VISITS	0	0		.00	.00	.000	.00	
CRITICAL CARE	0	0		.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	

SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	
INPATIENT HOSPITAL SURGERY	1	1		626.30		626.30	.021	626.30	
PRINCIPAL SURGEON	1	1		626.30		626.30	.021	626.30	
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	
OUTPATIENT SURGERY	1	3		699.66		233.22	.064	699.66	
PRINCIPAL SURGEON	1	3		699.66		233.22	.064	699.66	
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	
DIALYSIS	0	0		.00		.00	.000	.00	
PATHOLOGY	0	0		.00		.00	.000	.00	
RADIOLOGY	0	0		.00		.00	.000	.00	
PSYCHIATRY	0	0		.00		.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	
@PHARMACY	4	18	\$	335.89	\$	18.66	.383	\$ 83.97 \$	
PRESCRIPTION DRUGS	4	18		335.89		18.66	.383	83.97	
SNF/ICF	0	0		.00		.00	.000	.00	
OUTPATIENTS	4	18		335.89		18.66	.383	83.97	
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00 \$
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	
ORAL SURGERY	0	0		.00		.00	.000	.00	
DRUGS	0	0		.00		.00	.000	.00	
ANESTHESIA	0	0		.00		.00	.000	.00	
PERIODONTICS	0	0		.00		.00	.000	.00	
ENDODONTICS	0	0		.00		.00	.000	.00	
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	
PROSTHETICS	0	0		.00		.00	.000	.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	
#CALIF DEPT OF HEALTH SERV				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
MOP024				FEE-FOR-SERVICE/DENTAL					
MONTEREY COUNTY				SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM					
				AID CODE 7H					

47 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	-
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	4	27	\$	726.64	\$	26.91	.574	\$	181.66	\$
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	4	27		726.64		26.91	.574		181.66	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	1	2		55.52		27.76	.043		55.52	
PATHOLOGY	3	14		137.65		9.83	.298		45.88	
RADIOLOGY	2	7		425.50		60.79	.149		212.75	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	1	4		107.97		26.99	.085		107.97	
@COUNTY HOSPITAL TOTAL	3	15	\$	157.81	\$	10.52	.319	\$	52.60	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	3	15		157.81		10.52	.319		52.60	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	3	14		137.65		9.83	.298		45.88	
RADIOLOGY	1	1		20.16		20.16	.021		20.16	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

	47 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	1	12	\$	568.83	\$ 47.40	.255	\$ 568.83	\$
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	

ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	1	12	568.83	47.40	.255	568.83
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	1	2	55.52	27.76	.043	55.52
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	1	6	405.34	67.56	.128	405.34
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	1	4	107.97	26.99	.085	107.97
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	1	1	\$ 6.77	\$ 6.77	.021	\$ 6.77
PATHOLOGY	1	1	6.77	6.77	.021	6.77
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	19	315	\$ 6,670.18	\$ 21.18	6.702	\$ 351.06
CLINIC	18	308	5,782.09	18.77	6.553	321.23
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	3	7	888.09	126.87	.149	296.03

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

47 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	

OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL		
MONTEREY COUNTY	SUMMARY OF SERVICES FOR	MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N	

1,783 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C
@TOTAL, ALL PROVIDERS	1,776	8,737 \$	1,301,341.03	\$ 148.95	4.900	\$ 732.74	\$
@PHYSICIANS SERVICES	911	2,821 \$	203,425.88	\$ 72.11	1.582	\$ 223.30	\$
OUTPATIENT VISITS	377	837	49,618.11	59.28	.469	131.61	
OFFICE VISITS	51	63	2,054.25	32.61	.035	40.28	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	47	50	3,426.66	68.53	.028	72.91	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	312	724	44,137.20	60.96	.406	141.47	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	102	274	13,529.23	49.38	.154	132.64	

HOSPITAL VISITS	101	232		9,559.31	41.20	.130	94.65	
CRITICAL CARE	4	42		3,969.92	94.52	.024	992.48	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	145	257		73,086.05	284.38	.144	504.04	
PRINCIPAL SURGEON	116	128		65,302.64	510.18	.072	562.95	
ASSISTANT SURGEON	12	12		2,144.76	178.73	.007	178.73	
ANESTHESIOLOGIST	31	117		5,638.65	48.19	.066	181.89	
OUTPATIENT SURGERY	165	303		21,696.88	71.61	.170	131.50	
PRINCIPAL SURGEON	163	287		20,430.56	71.19	.161	125.34	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	15	16		1,266.32	79.15	.009	84.42	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	89	325		1,837.78	5.65	.182	20.65	
RADIOLOGY	321	381		25,375.10	66.60	.214	79.05	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	133	270		3,825.58	14.17	.151	28.76	
OTHER SERVICES/ALL X-OVERS	149	174		14,457.15	83.09	.098	97.03	
@PHARMACY	335	690	\$	20,726.59	\$ 30.04	.387	\$ 61.87	\$
PRESCRIPTION DRUGS	327	673		19,469.14	28.93	.377	59.54	
SNF/ICF	0	0		.00	.00	.000	.00	
OUTPATIENTS	327	673		19,469.14	28.93	.377	59.54	
MEDICAL SUPPLIES	10	17		1,257.45	73.97	.010	125.75	
@DENTIST	0	4	\$	27.50	\$ 6.88	.002	\$.00	\$
VISITS - DIAGNOSTIC	0	3		27.50	9.17	.002	.00	
ORAL SURGERY	0	1		.00	.00	.001	.00	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

	1,783 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	
EYE APPLIANCES	0	0		.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$
VISITS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	

SURGERY/ANES.	0	0		.00	.00	.000	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00
OTHER	0	0		.00	.00	.000	.00
@HOME HEALTH AGENCY	18	19	\$	1,377.61	\$ 72.51	.011	\$ 76.53
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00
@TOTAL HOSPITAL	592	2,403	\$	896,255.53	\$ 372.97	1.348	\$ 1513.95
HOSP INPATIENT TOTAL	177	630		852,496.32	1353.17	.353	4816.36
HSC HOSPITALS	141	451		598,176.11	1326.33	.253	4242.38
NON-HSC HOSPITAL TOTAL	36	179		254,320.21	1420.78	.100	7064.45
ACCOMMODATIONS	36	179		90,021.06	502.91	.100	2500.59
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	36	179		90,021.06	502.91	.100	2500.59
ANCILLARIES	36	0		164,299.15	.00	.000	4563.87
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	481	1,773		43,759.21	24.68	.994	90.98
MEDICAL	42	57		4,835.58	84.83	.032	115.13
SURGERY	10	10		502.79	50.28	.006	50.28
PATHOLOGY	297	1,126		13,839.15	12.29	.632	46.60
RADIOLOGY	129	152		10,978.87	72.23	.085	85.11
ROOM USE	156	206		7,795.63	37.84	.116	49.97
CROSSOVERS/ALL OTH OUTPTNT	135	222		5,807.19	26.16	.125	43.02
@COUNTY HOSPITAL TOTAL	245	1,008	\$	302,447.57	\$ 300.05	.565	\$ 1234.48
CO HOSPITAL INPATIENT TOTAL	85	238		285,601.35	1200.01	.133	3360.02
HSC HOSPITALS	85	238		285,601.35	1200.01	.133	3360.02
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	181	770		16,846.22	21.88	.432	93.07
MEDICAL	6	11		983.83	89.44	.006	163.97
SURGERY	2	2		34.43	17.22	.001	17.22
PATHOLOGY	132	567		7,522.08	13.27	.318	56.99
RADIOLOGY	42	51		3,422.99	67.12	.029	81.50
ROOM USE	57	77		2,802.08	36.39	.043	49.16
CROSSOVERS/ALL OTH OUTPTNT	36	62		2,080.81	33.56	.035	57.80
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						
MOP024	FEE-FOR-SERVICE/DENTAL						
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N						
1,783 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C F
@COMMUNITY HOSPITAL TOTAL	358	1,395	\$ 593,807.96	\$ 425.67	.782	\$ 1658.68	\$
COMM HOSP INPATIENT TOTAL	94	392	566,894.97	1446.16	.220	6030.80	
HSC HOSPITALS	58	213	312,574.76	1467.49	.119	5389.22	
NON-HSC HOSPITALS TOTAL	36	179	254,320.21	1420.78	.100	7064.45	
ACCOMMODATIONS	36	179	90,021.06	502.91	.100	2500.59	

PA

----- MONTHLY AVERAGE -

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	36	179	90,021.06	502.91	.100	2500.59
ANCILLARIES	36	0	164,299.15	.00	.000	4563.87
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	308	1,003	26,912.99	26.83	.563	87.38
MEDICAL	36	46	3,851.75	83.73	.026	106.99
SURGERY	8	8	468.36	58.55	.004	58.55
PATHOLOGY	166	559	6,317.07	11.30	.314	38.05
RADIOLOGY	87	101	7,555.88	74.81	.057	86.85
ROOM USE	99	129	4,993.55	38.71	.072	50.44
CROSSOVERS/ALL OTH OUTPTNT	99	160	3,726.38	23.29	.090	37.64
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	1	1	\$ 49.75	\$ 49.75	.001	\$ 49.75
HOSPITAL BASED	1	1	49.75	49.75	.001	49.75
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	368	912	\$ 14,876.29	\$ 16.31	.511	\$ 40.42
PATHOLOGY	366	908	14,692.64	16.18	.509	40.14
XO AND OTHERS	4	4	183.65	45.91	.002	45.91
@ORGANIZED OUTPATIENT CLINIC	548	1,547	\$ 154,316.03	\$ 99.75	.868	\$ 281.60
CLINIC	95	344	16,405.86	47.69	.193	172.69
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	453	1,203	137,910.17	114.64	.675	304.44

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

	1,783 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C F
@ALL OTHER PROVIDERS	73	340	\$	10,285.85	\$ 30.25	.191	\$ 140.90	\$
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	11	278		3,775.85	13.58	.156	343.26	
AMBULANCES/AIR TRANS	11	275		2,481.09	9.02	.154	225.55	
OTHER TRANS	0	0		.00	.00	.000	.00	
OTHER SERVICES	3	3		1,294.76	431.59	.002	431.59	

ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	62	62	6,510.00	105.00	.035	105.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	4	19	\$ 7,856.41	\$ 413.50	.011	\$ 1964.10
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

158 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER	PER ELIG USER	C F
@TOTAL, ALL PROVIDERS	836	2,446	\$ 108,773.92	\$ 44.47	15.481	\$ 130.11	\$
@PHYSICIANS SERVICES	23	62	\$ 3,559.84	\$ 57.42	.392	\$ 154.78	\$
OUTPATIENT VISITS	12	15	830.89	55.39	.095	69.24	
OFFICE VISITS	7	9	482.10	53.57	.057	68.87	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	5	6	348.79	58.13	.038	69.76	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	2	2	84.72	42.36	.013	42.36	
HOSPITAL VISITS	2	2	84.72	42.36	.013	42.36	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	1	1	47.19	47.19	.006	47.19	
EXAMINATIONS	1	1	47.19	47.19	.006	47.19	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	3	10	1,701.65	170.17	.063	567.22	
PRINCIPAL SURGEON	2	2	1,492.03	746.02	.013	746.02	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	1	8	209.62	26.20	.051	209.62	
OUTPATIENT SURGERY	2	2	513.22	256.61	.013	256.61	
PRINCIPAL SURGEON	1	1	427.68	427.68	.006	427.68	
ASSISTANT SURGEON	1	1	85.54	85.54	.006	85.54	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	

DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	1	21		27.96	1.33	.133	27.96	
RADIOLOGY	5	6		104.53	17.42	.038	20.91	
PSYCHIATRY	1	1		48.42	48.42	.006	48.42	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	2	4		201.26	50.32	.025	100.63	
@PHARMACY	29	75	\$	6,198.62	\$ 82.65	.475	\$ 213.75	
PRESCRIPTION DRUGS	29	73		6,097.00	83.52	.462	210.24	
SNF/ICF	0	0		.00	.00	.000	.00	
OUTPATIENTS	29	73		6,097.00	83.52	.462	210.24	
MEDICAL SUPPLIES	1	2		101.62	50.81	.013	101.62	
@DENTIST	248	1,289	\$	30,376.75	\$ 23.57	8.158	\$ 122.49	
VISITS - DIAGNOSTIC	203	972		12,737.70	13.10	6.152	62.75	
ORAL SURGERY	20	34		2,773.00	81.56	.215	138.65	
DRUGS	26	29		702.50	24.22	.184	27.02	
ANESTHESIA	1	1		100.00	100.00	.006	100.00	
PERIODONTICS	2	2		236.00	118.00	.013	118.00	
ENDODONTICS	13	21		2,786.00	132.67	.133	214.31	
RESTORATIVE DENTISTRY	74	203		9,903.05	48.78	1.285	133.83	
PROSTHETICS	1	1		30.00	30.00	.006	30.00	
DENTURES, STAYPLATES	2	10		491.00	49.10	.063	245.50	
SPACE MAINTAINERS	3	3		360.00	120.00	.019	120.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	6	8		257.50	32.19	.051	42.92	
ALL OTHER SERVICES	4	5		.00	.00	.032	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							PA
MOP024	FEE-FOR-SERVICE/DENTAL							
MONTEREY COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES							
						AID CODE 38		
						----- MONTHLY AVERAGE -		
158 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	
EYE APPLIANCES	0	0		.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	1	6	\$	431.10	\$	71.85	.038	\$	431.10	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	21	88	\$	17,561.84	\$	199.57	.557	\$	836.28	\$
HOSP INPATIENT TOTAL	3	10		13,036.05		1303.61	.063		4345.35	
HSC HOSPITALS	3	9		11,730.00		1303.33	.057		3910.00	
NON-HSC HOSPITAL TOTAL	1	1		1,306.05		1306.05	.006		1306.05	
ACCOMMODATIONS	1	1		231.30		231.30	.006		231.30	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	1	1		231.30		231.30	.006		231.30	
ANCILLARIES	1	0		1,074.75		.00	.000		1074.75	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	19	78		4,525.79		58.02	.494		238.20	
MEDICAL	7	8		968.74		121.09	.051		138.39	
SURGERY	2	2		105.78		52.89	.013		52.89	
PATHOLOGY	6	19		191.52		10.08	.120		31.92	
RADIOLOGY	7	14		2,292.51		163.75	.089		327.50	
ROOM USE	10	14		665.96		47.57	.089		66.60	
CROSSOVERS/ALL OTH OUTPTNT	10	21		301.28		14.35	.133		30.13	
@COUNTY HOSPITAL TOTAL	5	15	\$	9,343.04	\$	622.87	.095	\$	1868.61	\$
CO HOSPITAL INPATIENT TOTAL	1	7		8,400.00		1200.00	.044		8400.00	
HSC HOSPITALS	1	7		8,400.00		1200.00	.044		8400.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	4	8		943.04		117.88	.051		235.76	
MEDICAL	3	4		821.38		205.35	.025		273.79	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	1	1		24.77		24.77	.006		24.77	
ROOM USE	2	2		85.41		42.71	.013		42.71	
CROSSOVERS/ALL OTH OUTPTNT	1	1		11.48		11.48	.006		11.48	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

158 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	C E
---------------	-------	-------------------------------------	--------------	------------------------------	--	------------------	--------

@COMMUNITY HOSPITAL TOTAL	16	73	\$	8,218.80	\$	112.59	.462	\$	513.68	\$
COMM HOSP INPATIENT TOTAL	2	3		4,636.05		1545.35	.019		2318.03	
HSC HOSPITALS	2	2		3,330.00		1665.00	.013		1665.00	
NON-HSC HOSPITALS TOTAL	1	1		1,306.05		1306.05	.006		1306.05	
ACCOMMODATIONS	1	1		231.30		231.30	.006		231.30	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	1	1		231.30		231.30	.006		231.30	
ANCILLARIES	1	0		1,074.75		.00	.000		1074.75	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	15	70		3,582.75		51.18	.443		238.85	
MEDICAL	4	4		147.36		36.84	.025		36.84	
SURGERY	2	2		105.78		52.89	.013		52.89	
PATHOLOGY	6	19		191.52		10.08	.120		31.92	
RADIOLOGY	6	13		2,267.74		174.44	.082		377.96	
ROOM USE	8	12		580.55		48.38	.076		72.57	
CROSSOVERS/ALL OTH OUTPTNT	9	20		289.80		14.49	.127		32.20	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	1	3	\$	62.89	\$	20.96	.019	\$	62.89	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	1	3		62.89		20.96	.019		62.89	
@LABORATORY FACILITY	3	11	\$	196.93	\$	17.90	.070	\$	65.64	\$
PATHOLOGY	3	11		196.93		17.90	.070		65.64	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	444	562	\$	47,359.98	\$	84.27	3.557	\$	106.67	\$
CLINIC	3	5		118.54		23.71	.032		39.51	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	441	557		47,241.44		84.81	3.525		107.12	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

	158 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	88		350	\$ 3,025.97	\$ 8.65	2.215	\$ 34.39	\$
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	
BLOOD BANK	0		0	.00	.00	.000	.00	

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.013	105.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	35	76	626.00	8.24	.481	17.89
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	1	3	227.88	75.96	.019	227.88
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	50	269	1,962.09	7.29	1.703	39.24
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	29	677	\$ 17,756.61	\$ 26.23	4.285	\$ 612.30
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL	
MONTEREY COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P	

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	52	297	\$ 9,506.07	\$ 32.01	37.125	\$ 182.81	\$
@PHYSICIANS SERVICES	6	10	\$ 359.59	\$ 35.96	1.250	\$ 59.93	\$
OUTPATIENT VISITS	2	2	116.55	58.28	.250	58.28	
OFFICE VISITS	1	1	71.95	71.95	.125	71.95	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	1	1	44.60	44.60	.125	44.60	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	

ANESTHESIOLOGIST	0	0		.00		.00	.000	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00
DIALYSIS	0	0		.00		.00	.000	.00
PATHOLOGY	1	1		1.43		1.43	.125	1.43
RADIOLOGY	2	4		118.78		29.70	.500	59.39
PSYCHIATRY	0	0		.00		.00	.000	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00
OTHER SERVICES/ALL X-OVERS	1	3		122.83		40.94	.375	122.83
@PHARMACY	11	155	\$	5,105.68	\$	32.94	19.375	\$ 464.15
PRESCRIPTION DRUGS	10	19		4,540.54		238.98	2.375	454.05
SNF/ICF	0	0		.00		.00	.000	.00
OUTPATIENTS	10	19		4,540.54		238.98	2.375	454.05
MEDICAL SUPPLIES	1	136		565.14		4.16	17.000	565.14
@DENTIST	9	64	\$	762.00	\$	11.91	8.000	\$ 84.67
VISITS - DIAGNOSTIC	8	62		666.00		10.74	7.750	83.25
ORAL SURGERY	0	0		.00		.00	.000	.00
DRUGS	0	0		.00		.00	.000	.00
ANESTHESIA	0	0		.00		.00	.000	.00
PERIODONTICS	0	0		.00		.00	.000	.00
ENDODONTICS	0	0		.00		.00	.000	.00
RESTORATIVE DENTISTRY	2	2		96.00		48.00	.250	48.00
PROSTHETICS	0	0		.00		.00	.000	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							
MOP024	FEE-FOR-SERVICE/DENTAL							
MONTEREY COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P							

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	
						UNITS/DAYS PER ELIG			
@OPTOMETRIST	1	2	\$	47.45	\$ 23.73	.250	\$	47.45	\$
DIAGNOSTIC AND ANC. PROCED	1	2		47.45	23.73	.250		47.45	
EYE APPLIANCES	0	0		.00	.00	.000		.00	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000		.00	
@CHIROPRACOR	2	2	\$	33.44	\$ 16.72	.250	\$	16.72	\$
VISITS	2	2		33.44	16.72	.250		16.72	
OTHER SERVICES	0	0		.00	.00	.000		.00	
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00	.00	.000		.00	
SURGERY/ANES.	0	0		.00	.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00	
OTHER	0	0		.00	.00	.000		.00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$	.00	\$
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$	.00	\$
@TOTAL HOSPITAL	6	22	\$	1,016.01	\$ 46.18	2.750	\$	169.34	\$

HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	6	22	1,016.01	46.18	2.750	169.34
MEDICAL	1	1	21.40	21.40	.125	21.40
SURGERY	1	1	124.81	124.81	.125	124.81
PATHOLOGY	1	5	53.04	10.61	.625	53.04
RADIOLOGY	2	2	138.40	69.20	.250	69.20
ROOM USE	2	2	188.40	94.20	.250	94.20
CROSSOVERS/ALL OTH OUTPTNT	6	11	489.96	44.54	1.375	81.66
@COUNTY HOSPITAL TOTAL	1	7	\$ 162.51	\$ 23.22	.875	\$ 162.51
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	1	7	162.51	23.22	.875	162.51
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	1	5	53.04	10.61	.625	53.04
RADIOLOGY	1	1	103.52	103.52	.125	103.52
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	5.95	5.95	.125	5.95

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA

MOP024
MONTEREY COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	
@COMMUNITY HOSPITAL TOTAL	5	15	\$ 853.50	\$ 56.90	1.875	\$ 170.70	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	5	15	853.50	56.90	1.875	170.70	
MEDICAL	1	1	21.40	21.40	.125	21.40	
SURGERY	1	1	124.81	124.81	.125	124.81	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	1	1	34.88	34.88	.125	34.88	
ROOM USE	2	2	188.40	94.20	.250	94.20	
CROSSOVERS/ALL OTH OUTPTNT	5	10	484.01	48.40	1.250	96.80	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	1	1	\$ 80.00	\$ 80.00	.125	\$ 80.00	\$
HOSPITAL BASED	1	1	80.00	80.00	.125	80.00	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$
PATHOLOGY	0	0	.00	.00	.000	.00	
XO AND OTHERS	0	0	.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	13	19	\$ 1,894.24	\$ 99.70	2.375	\$ 145.71	\$
CLINIC	0	0	.00	.00	.000	.00	
SURGICENTER	0	0	.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	
RURAL HEALTH CLINIC	13	19	1,894.24	99.70	2.375	145.71	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

----- MONTHLY AVERAGE -

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	7	22	\$ 207.66	\$ 9.44	2.750	\$ 29.67	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	3	8	72.42	9.05	1.000	24.14	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	4	14	135.24	9.66	1.750	33.81	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	14	172	\$ 5,246.45	\$ 30.50	21.500	\$ 374.75	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	58	100	\$ 7,826.32	\$ 78.26	5.882	\$ 134.94	\$
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	

EXAMINATIONS	0	0		.00	.00	.000	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
DIALYSIS	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
PSYCHIATRY	0	0		.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00
@PHARMACY	30	45	\$	4,564.82	\$ 101.44	2.647	\$ 152.16 \$
PRESCRIPTION DRUGS	30	45		4,564.82	101.44	2.647	152.16
SNF/ICF	17	21		2,705.15	128.82	1.235	159.13
OUTPATIENTS	13	24		1,859.67	77.49	1.412	143.05
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00
@DENTIST	10	18	\$	1,122.10	\$ 62.34	1.059	\$ 112.21 \$
VISITS - DIAGNOSTIC	7	12		280.50	23.38	.706	40.07
ORAL SURGERY	0	0		.00	.00	.000	.00
DRUGS	0	0		.00	.00	.000	.00
ANESTHESIA	0	0		.00	.00	.000	.00
PERIODONTICS	1	1		118.00	118.00	.059	118.00
ENDODONTICS	0	0		215.00	.00	.000	.00
RESTORATIVE DENTISTRY	3	4		508.60	127.15	.235	169.53
PROSTHETICS	0	0		.00	.00	.000	.00
DENTURES, STAYPLATES	1	1		.00	.00	.059	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MOP024
MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$

NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005									
MOP024	FEE-FOR-SERVICE/DENTAL									
MONTEREY COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E									

17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE		C
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00

INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00
MEDICAL	0	0		.00		.00	.000		.00
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	0	0		.00		.00	.000		.00
RADIOLOGY	0	0		.00		.00	.000		.00
ROOM USE	0	0		.00		.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00 \$
MENTALLY ILL	0	0		.00		.00	.000		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00 \$
ICF DDH	0	0		.00		.00	.000		.00
ICF DD	0	0		.00		.00	.000		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
PATHOLOGY	0	0		.00		.00	.000		.00
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	12	19	\$	1,457.72	\$	76.72	1.118	\$	121.48 \$
CLINIC	0	0		.00		.00	.000		.00
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00

RURAL HEALTH CLINIC	12	19	1,457.72	76.72	1.118	121.48	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
MONTEREY COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED						
	AID CODE 1E						

17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@ALL OTHER PROVIDERS	8	18	\$ 681.68	\$ 37.87	1.059	\$ 85.21	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	2	4	518.00	129.50	.235	259.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	6	14	163.68	11.69	.824	27.28	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
MONTEREY COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND						
	AID CODE 2E						

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@TOTAL, ALL PROVIDERS	7	1,660	\$ 2,599.95	\$ 1.57	553.333	\$ 371.42	\$
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	

INPATIENT VISITS	0	0		.00		.00	.000	.00
HOSPITAL VISITS	0	0		.00		.00	.000	.00
CRITICAL CARE	0	0		.00		.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00
EXAMINATIONS	0	0		.00		.00	.000	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00
DIALYSIS	0	0		.00		.00	.000	.00
PATHOLOGY	0	0		.00		.00	.000	.00
RADIOLOGY	0	0		.00		.00	.000	.00
PSYCHIATRY	0	0		.00		.00	.000	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00
@PHARMACY	1	410	\$	303.18	\$	.74	136.667	\$ 303.18 \$
PRESCRIPTION DRUGS	1	2		73.82		36.91	.667	73.82
SNF/ICF	0	0		.00		.00	.000	.00
OUTPATIENTS	1	2		73.82		36.91	.667	73.82
MEDICAL SUPPLIES	1	408		229.36		.56	136.000	229.36
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00 \$
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00
ORAL SURGERY	0	0		.00		.00	.000	.00
DRUGS	0	0		.00		.00	.000	.00
ANESTHESIA	0	0		.00		.00	.000	.00
PERIODONTICS	0	0		.00		.00	.000	.00
ENDODONTICS	0	0		.00		.00	.000	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00
PROSTHETICS	0	0		.00		.00	.000	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		C F
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$

MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		
SURGERY/ANES.	0	0		.00		.00	.000	.00		
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		
OTHER	0	0		.00		.00	.000	.00		
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005									PA
MOP024	FEE-FOR-SERVICE/DENTAL									
MONTEREY COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND									AID CODE 2E
----- MONTHLY AVERAGE -----										
03 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER			
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER			
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	

ACCOMMODATIONS	0	0		.00		.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00
ANCILLARIES	0	0		.00		.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00
MEDICAL	0	0		.00		.00	.000	.00
SURGERY	0	0		.00		.00	.000	.00
PATHOLOGY	0	0		.00		.00	.000	.00
RADIOLOGY	0	0		.00		.00	.000	.00
ROOM USE	0	0		.00		.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00 \$
MENTALLY ILL	0	0		.00		.00	.000	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00 \$
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00 \$
ICF DDH	0	0		.00		.00	.000	.00
ICF DD	0	0		.00		.00	.000	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00
@REHABILITATION FACILITY	1	1	\$	15.89	\$	15.89	.333	\$ 15.89 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00
INDEPENDENT FACILITY	1	1		15.89		15.89	.333	15.89
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00 \$
PATHOLOGY	0	0		.00		.00	.000	.00
XO AND OTHERS	0	0		.00		.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	94.51	\$	94.51	.333	\$ 94.51 \$
CLINIC	0	0		.00		.00	.000	.00
SURGICENTER	0	0		.00		.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00
RURAL HEALTH CLINIC	1	1		94.51		94.51	.333	94.51

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

						----- MONTHLY AVERAGE -----			
03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER		
@ALL OTHER PROVIDERS	5	1,248	\$	2,186.37	\$ 1.75	416.000	\$ 437.27	\$	
DURABLE MED. EQUIP.	1	1		84.21	84.21	.333	84.21		
BLOOD BANK	0	0		.00	.00	.000	.00		
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00		
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00		
OTHER TRANS	0	0		.00	.00	.000	.00		

OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	4	1,247	2,102.16	1.69	415.667	525.54
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	3	412	\$ 403.28	\$.98	137.333	\$ 134.43
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

34 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS COST PER	C
					PER ELIG USER	E
@TOTAL, ALL PROVIDERS	462	5,553	\$ 107,909.03	\$ 19.43	163.324 \$ 233.57	\$
@PHYSICIANS SERVICES	19	33	\$ 1,482.47	\$ 44.92	.971 \$ 78.02	\$
OUTPATIENT VISITS	13	13	489.63	37.66	.382 37.66	
OFFICE VISITS	3	3	101.48	33.83	.088 33.83	

HOME VISITS	0	0		.00	.00	.000	.00		
EMERGENCY ROOM	2	1		44.60	44.60	.029	22.30		
PREVENTIVE CARE	0	0		.00	.00	.000	.00		
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		
OTHER OUTPATIENT	8	9		343.55	38.17	.265	42.94		
INPATIENT VISITS	0	0		.00	.00	.000	.00		
HOSPITAL VISITS	0	0		.00	.00	.000	.00		
CRITICAL CARE	0	0		.00	.00	.000	.00		
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		
EXAMINATIONS	0	0		.00	.00	.000	.00		
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		
DIALYSIS	0	0		.00	.00	.000	.00		
PATHOLOGY	0	0		.00	.00	.000	.00		
RADIOLOGY	3	3		322.34	107.45	.088	107.45		
PSYCHIATRY	0	0		.00	.00	.000	.00		
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		
OTHER SERVICES/ALL X-OVERS	10	17		670.50	39.44	.500	67.05		
@PHARMACY	169	1,071	\$	63,732.88	\$ 59.51	31.500	\$ 377.12	\$	
PRESCRIPTION DRUGS	164	303		63,111.57	208.29	8.912	384.83		
SNF/ICF	23	31		6,225.43	200.82	.912	270.67		
OUTPATIENTS	141	272		56,886.14	209.14	8.000	403.45		
MEDICAL SUPPLIES	6	768		621.31	.81	22.588	103.55		
@DENTIST	75	317	\$	11,051.00	\$ 34.86	9.324	\$ 147.35	\$	
VISITS - DIAGNOSTIC	53	213		2,610.00	12.25	6.265	49.25		
ORAL SURGERY	12	25		1,933.00	77.32	.735	161.08		
DRUGS	3	2		50.00	25.00	.059	16.67		
ANESTHESIA	1	1		55.00	55.00	.029	55.00		
PERIODONTICS	2	2		173.00	86.50	.059	86.50		
ENDODONTICS	7	10		2,415.00	241.50	.294	345.00		
RESTORATIVE DENTISTRY	25	57		2,795.00	49.04	1.676	111.80		
PROSTHETICS	1	1		30.00	30.00	.029	30.00		
DENTURES, STAYPLATES	2	3		990.00	330.00	.088	495.00		
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		
ALL OTHER SERVICES	4	3		.00	.00	.088	.00		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005								PA
MOP024	FEE-FOR-SERVICE/DENTAL								
MONTEREY COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E								
----- MONTHLY AVERAGE -									
34 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E	
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		
EYE APPLIANCES	0	0		.00	.00	.000	.00		

OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00
VISITS	0	0		.00	.00	.000	.00
OTHER SERVICES	0	0		.00	.00	.000	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00
OTHER	0	0		.00	.00	.000	.00
@HOME HEALTH AGENCY	1	4	\$	275.36	\$ 68.84	.118	\$ 275.36
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00
@TOTAL HOSPITAL	28	65	\$	3,659.96	\$ 56.31	1.912	\$ 130.71
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	28	65		3,659.96	56.31	1.912	130.71
MEDICAL	13	16		1,134.46	70.90	.471	87.27
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	7	22		226.29	10.29	.647	32.33
RADIOLOGY	4	4		1,573.40	393.35	.118	393.35
ROOM USE	12	13		438.77	33.75	.382	36.56
CROSSOVERS/ALL OTH OUTPTNT	3	10		287.04	28.70	.294	95.68
@COUNTY HOSPITAL TOTAL	7	14	\$	557.23	\$ 39.80	.412	\$ 79.60
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	7	14		557.23	39.80	.412	79.60
MEDICAL	7	7		397.38	56.77	.206	56.77
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	1	2		9.99	5.00	.059	9.99
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	4	4		139.82	34.96	.118	34.96
CROSSOVERS/ALL OTH OUTPTNT	1	1		10.04	10.04	.029	10.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						
MOP024	FEE-FOR-SERVICE/DENTAL						
MONTEREY COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E						

34 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
--------------	-------	------------------	--------------	--------------	------------	----------	---

----- MONTHLY AVERAGE -

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	F
@COMMUNITY HOSPITAL TOTAL	21	51	\$	3,102.73	\$ 60.84	1.500	\$ 147.75	\$
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	21	51		3,102.73	60.84	1.500	147.75	
MEDICAL	6	9		737.08	81.90	.265	122.85	
SURGERY	0	0		.00	.00	.000	.00	
PATHOLOGY	6	20		216.30	10.82	.588	36.05	
RADIOLOGY	4	4		1,573.40	393.35	.118	393.35	
ROOM USE	8	9		298.95	33.22	.265	37.37	
CROSSOVERS/ALL OTH OUTPTNT	2	9		277.00	30.78	.265	138.50	
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	1	31	\$	4,728.43	\$ 152.53	.912	\$ 4728.43	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	1	31		4,728.43	152.53	.912	4728.43	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	
@REHABILITATION FACILITY	7	29	\$	525.21	\$ 18.11	.853	\$ 75.03	\$
HOSPITAL BASED	2	3		128.86	42.95	.088	64.43	
INDEPENDENT FACILITY	5	26		396.35	15.24	.765	79.27	
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$
PATHOLOGY	0	0		.00	.00	.000	.00	
XO AND OTHERS	0	0		.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	92	119	\$	9,647.18	\$ 81.07	3.500	\$ 104.86	\$
CLINIC	0	0		.00	.00	.000	.00	
SURGICENTER	0	0		.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	
RURAL HEALTH CLINIC	92	119		9,647.18	81.07	3.500	104.86	
#CALIF DEPT OF HEALTH SERV								PA
MOP024								
MONTEREY COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

	34 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	99		3,884	\$ 12,806.54	\$ 3.30	114.235	\$ 129.36	\$
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	

BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	1	6	16.86	2.81	.176	16.86
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	23	51	538.00	10.55	1.500	23.39
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	3	13	2,541.96	195.54	.382	847.32
PROSTHETICS	3	13	2,541.96	195.54	.382	847.32
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	71	3,811	9,691.83	2.54	112.088	136.50
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	1	3	17.89	5.96	.088	17.89
@CALIF. CHILDREN SERVICES*	60	915	\$ 11,424.72	\$ 12.49	26.912	\$ 190.41
@XOVER EXCLUDING STATE HOSP**	1	3	\$ 17.89	\$ 5.96	.088	\$ 17.89

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

54 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER	- C E
					PER ELIG USER	
@TOTAL, ALL PROVIDERS	527	7,313	\$ 118,335.30	\$ 16.18	135.426	\$ 224.55
@PHYSICIANS SERVICES	19	33	\$ 1,482.47	\$ 44.92	.611	\$ 78.02
OUTPATIENT VISITS	13	13	489.63	37.66	.241	37.66
OFFICE VISITS	3	3	101.48	33.83	.056	33.83
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	2	1	44.60	44.60	.019	22.30
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	8	9	343.55	38.17	.167	42.94
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00

ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
DIALYSIS	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	3	3		322.34	107.45	.056	107.45
PSYCHIATRY	0	0		.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	10	17		670.50	39.44	.315	67.05
@PHARMACY	200	1,526	\$	68,600.88	\$ 44.95	28.259	\$ 343.00
PRESCRIPTION DRUGS	195	350		67,750.21	193.57	6.481	347.44
SNF/ICF	40	52		8,930.58	171.74	.963	223.26
OUTPATIENTS	155	298		58,819.63	197.38	5.519	379.48
MEDICAL SUPPLIES	7	1,176		850.67	.72	21.778	121.52
@DENTIST	85	335	\$	12,173.10	\$ 36.34	6.204	\$ 143.21
VISITS - DIAGNOSTIC	60	225		2,890.50	12.85	4.167	48.18
ORAL SURGERY	12	25		1,933.00	77.32	.463	161.08
DRUGS	3	2		50.00	25.00	.037	16.67
ANESTHESIA	1	1		55.00	55.00	.019	55.00
PERIODONTICS	3	3		291.00	97.00	.056	97.00
ENDODONTICS	7	10		2,630.00	263.00	.185	375.71
RESTORATIVE DENTISTRY	28	61		3,303.60	54.16	1.130	117.99
PROSTHETICS	1	1		30.00	30.00	.019	30.00
DENTURES, STAYPLATES	3	4		990.00	247.50	.074	330.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00
ALL OTHER SERVICES	4	3		.00	.00	.056	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

----- MONTHLY AVERAGE -

54 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	1	4 \$	275.36	\$ 68.84	.074	\$ 275.36	\$
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$
@TOTAL HOSPITAL	28	65 \$	3,659.96	\$ 56.31	1.204	\$ 130.71	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	28	65	3,659.96	56.31	1.204	130.71	
MEDICAL	13	16	1,134.46	70.90	.296	87.27	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	7	22	226.29	10.29	.407	32.33	
RADIOLOGY	4	4	1,573.40	393.35	.074	393.35	
ROOM USE	12	13	438.77	33.75	.241	36.56	
CROSSOVERS/ALL OTH OUTPTNT	3	10	287.04	28.70	.185	95.68	
@COUNTY HOSPITAL TOTAL	7	14 \$	557.23	\$ 39.80	.259	\$ 79.60	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	7	14	557.23	39.80	.259	79.60	
MEDICAL	7	7	397.38	56.77	.130	56.77	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	1	2	9.99	5.00	.037	9.99	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	4	4	139.82	34.96	.074	34.96	
CROSSOVERS/ALL OTH OUTPTNT	1	1	10.04	10.04	.019	10.04	

#CALIF DEPT OF HEALTH SERV
MOP024
MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

54 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	21	51	\$ 3,102.73	\$ 60.84	.944	\$ 147.75	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	21	51	3,102.73	60.84	.944	147.75	
MEDICAL	6	9	737.08	81.90	.167	122.85	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	6	20	216.30	10.82	.370	36.05	
RADIOLOGY	4	4	1,573.40	393.35	.074	393.35	
ROOM USE	8	9	298.95	33.22	.167	37.37	
CROSSOVERS/ALL OTH OUTPTNT	2	9	277.00	30.78	.167	138.50	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	1	31	\$ 4,728.43	\$ 152.53	.574	\$ 4728.43	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	1	31	4,728.43	152.53	.574	4728.43	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	8	30	\$ 541.10	\$ 18.04	.556	\$ 67.64	\$
HOSPITAL BASED	2	3	128.86	42.95	.056	64.43	
INDEPENDENT FACILITY	6	27	412.24	15.27	.500	68.71	
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$
PATHOLOGY	0	0	.00	.00	.000	.00	
XO AND OTHERS	0	0	.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	105	139	\$ 11,199.41	\$ 80.57	2.574	\$ 106.66	\$
CLINIC	0	0	.00	.00	.000	.00	
SURGICENTER	0	0	.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	
RURAL HEALTH CLINIC	105	139	11,199.41	80.57	2.574	106.66	

#CALIF DEPT OF HEALTH SERV
MOP024
MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

54 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	- C E
@ALL OTHER PROVIDERS	112	5,150	\$ 15,674.59	\$ 3.04	95.370	\$ 139.95	\$
DURABLE MED. EQUIP.	1	1	84.21	84.21	.019	84.21	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	1	6	16.86	2.81	.111	16.86	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	2	4	518.00	129.50	.074	259.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	29	65	701.68	10.80	1.204	24.20	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	3	13	2,541.96	195.54	.241	847.32	
PROSTHETICS	3	13	2,541.96	195.54	.241	847.32	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	75	5,058	11,793.99	2.33	93.667	157.25	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	1	3	17.89	5.96	.056	17.89	
@CALIF. CHILDREN SERVICES*	63	1,327	\$ 11,828.00	\$ 8.91	24.574	\$ 187.75	\$
@XOVER EXCLUDING STATE HOSP**	1	3	\$ 17.89	\$ 5.96	.056	\$ 17.89	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL		
MONTEREY COUNTY	SUMMARY OF SERVICES FOR	TOTAL CERTIFIED	

200,838 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	- C E
@TOTAL, ALL PROVIDERS	206,141	1,276,780	\$ 76,482,617.34	\$ 59.90	6.357	\$ 371.02	\$
@PHYSICIANS SERVICES	24,139	71,297	\$ 5,333,281.61	\$ 74.80	.355	\$ 220.94	\$
OUTPATIENT VISITS	11,577	22,381	1,161,667.48	51.90	.111	100.34	
OFFICE VISITS	2,459	3,078	135,562.57	44.04	.015	55.13	
HOME VISITS	7	7	268.70	38.39	.000	38.39	
EMERGENCY ROOM	3,394	3,810	238,092.66	62.49	.019	70.15	
PREVENTIVE CARE	14	14	637.69	45.55	.000	45.55	
OB VISITS/COMPRE PERI	5,671	14,738	756,663.15	51.34	.073	133.43	
OTHER OUTPATIENT	551	734	30,442.71	41.48	.004	55.25	
INPATIENT VISITS	2,757	10,920	1,013,672.64	92.83	.054	367.67	
HOSPITAL VISITS	2,535	7,444	394,053.06	52.94	.037	155.44	
CRITICAL CARE	456	3,474	619,578.38	178.35	.017	1358.72	
SNF/ICF/TRANS IP CARE	2	2	41.20	20.60	.000	20.60	

OPHTHALMOLOGICAL SERVICES	113	158		7,296.51	46.18	.001	64.57	
EXAMINATIONS	113	158		7,296.51	46.18	.001	64.57	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	3,043	8,190		1,568,586.92	191.52	.041	515.47	
PRINCIPAL SURGEON	2,390	2,700		1,336,972.95	495.18	.013	559.40	
ASSISTANT SURGEON	289	293		53,594.30	182.92	.001	185.45	
ANESTHESIOLOGIST	678	5,197		178,019.67	34.25	.026	262.57	
OUTPATIENT SURGERY	1,968	4,359		292,732.70	67.16	.022	148.75	
PRINCIPAL SURGEON	1,705	2,578		224,761.72	87.18	.013	131.83	
ASSISTANT SURGEON	2	2		233.78	116.89	.000	116.89	
ANESTHESIOLOGIST	340	1,779		67,737.20	38.08	.009	199.23	
DIALYSIS	62	154		18,580.11	120.65	.001	299.68	
PATHOLOGY	1,545	4,875		42,299.08	8.68	.024	27.38	
RADIOLOGY	8,687	12,854		554,310.87	43.12	.064	63.81	
PSYCHIATRY	4	4		166.34	41.59	.000	41.59	
IMMUNIZATION AND INJECTION	596	1,259		34,368.87	27.30	.006	57.67	
OTHER SERVICES/ALL X-OVERS	3,322	6,143		639,600.09	104.12	.031	192.53	
@PHARMACY	37,335	283,661	\$	11,631,856.57	\$ 41.01	1.412	\$ 311.55	\$
PRESCRIPTION DRUGS	36,132	73,885		10,130,237.79	137.11	.368	280.37	
SNF/ICF	1,747	3,883		660,877.08	170.20	.019	378.29	
OUTPATIENTS	34,435	70,002		9,469,360.71	135.27	.349	274.99	
MEDICAL SUPPLIES	2,642	209,776		1,501,618.78	7.16	1.045	568.36	
@DENTIST	40,284	228,698	\$	6,055,599.96	\$ 26.48	1.139	\$ 150.32	\$
VISITS - DIAGNOSTIC	32,791	160,095		1,962,789.81	12.26	.797	59.86	
ORAL SURGERY	5,041	11,257		690,726.30	61.36	.056	137.02	
DRUGS	5,242	6,093		140,340.34	23.03	.030	26.77	
ANESTHESIA	379	389		36,325.61	93.38	.002	95.85	
PERIODONTICS	885	915		94,974.88	103.80	.005	107.32	
ENDODONTICS	3,002	6,602		650,926.03	98.60	.033	216.83	
RESTORATIVE DENTISTRY	12,301	38,258		2,015,578.26	52.68	.190	163.85	
PROSTHETICS	224	240		5,784.50	24.10	.001	25.82	
DENTURES, STAYPLATES	858	2,499		326,349.15	130.59	.012	380.36	
SPACE MAINTAINERS	435	508		64,729.00	127.42	.003	148.80	
MAXILLOFACIAL SERVICES	40	52		6,460.86	124.25	.000	161.52	
FRACTURES, DISLOCATIONS	1	1		1,200.00	1200.00	.000	1200.00	
ORTHODONTIC SERVICES	717	938		56,840.25	60.60	.005	79.28	
ALL OTHER SERVICES	1,047	851		2,574.97	3.03	.004	2.46	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							PA
MOP024	FEE-FOR-SERVICE/DENTAL							
MONTEREY COUNTY	SUMMARY OF SERVICES FOR TOTAL CERTIFIED							

	200,838 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@OPTOMETRIST	281	755	\$	15,659.55	\$ 20.74	.004	\$ 55.73	\$
DIAGNOSTIC AND ANC. PROCED	245	339		9,497.81	28.02	.002	38.77	
EYE APPLIANCES	147	406		5,884.21	14.49	.002	40.03	
OTHER OPTOMETRIC SERVICES	10	10		277.53	27.75	.000	27.75	
@CHIROPRACTOR	3	5	\$	83.60	\$ 16.72	.000	\$ 27.87	\$
VISITS	2	2		33.44	16.72	.000	16.72	
OTHER SERVICES	1	3		50.16	16.72	.000	50.16	
@PODIATRIST	20	34	\$	481.38	\$ 14.16	.000	\$ 24.07	\$
MEDICINE/INJECTIONS	5	5		158.41	31.68	.000	31.68	
SURGERY/ANES.	0	0		.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	
OTHER	15	29		322.97	11.14	.000	21.53	

@HOME HEALTH AGENCY	715	7,110	\$	258,900.63	\$	36.41	.035	\$	362.10	\$
NURSE ANESTHESIST	3	24	\$	437.62	\$	18.23	.000	\$	145.87	\$
NURSE MIDWIFE	3	4	\$	147.34	\$	36.84	.000	\$	49.11	\$
PEDIATRIC NURSE PRACTITIONER	1	1	\$	53.79	\$	53.79	.000	\$	53.79	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	22,259	96,026	\$	32,694,109.39	\$	340.47	.478	\$	1468.80	\$
HOSP INPATIENT TOTAL	4,777	19,767		30,361,749.98		1535.98	.098		6355.82	
HSC HOSPITALS	3,558	15,678		22,507,124.39		1435.59	.078		6325.78	
NON-HSC HOSPITAL TOTAL	953	4,089		7,588,267.07		1855.78	.020		7962.50	
ACCOMMODATIONS	953	4,089		2,460,700.14		601.79	.020		2582.06	
ADMINISTRATIVE DAYS	1	3		693.90		231.30	.000		693.90	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	952	4,086		2,460,006.24		602.06	.020		2584.04	
ANCILLARIES	953	0		5,127,566.93		.00	.000		5380.45	
INPATIENT CROSSOVERS	287	0		266,358.52		.00	.000		928.08	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	19,076	76,259		2,332,359.41		30.58	.380		122.27	
MEDICAL	2,270	3,931		292,039.87		74.29	.020		128.65	
SURGERY	539	649		34,410.28		53.02	.003		63.84	
PATHOLOGY	11,637	44,569		576,810.56		12.94	.222		49.57	
RADIOLOGY	5,437	7,033		727,744.02		103.48	.035		133.85	
ROOM USE	6,517	8,746		336,436.97		38.47	.044		51.62	
CROSSOVERS/ALL OTH OUTPTNT	5,241	11,331		364,917.71		32.21	.056		69.63	
@COUNTY HOSPITAL TOTAL	10,846	43,092	\$	10,430,785.27	\$	242.06	.215	\$	961.72	\$
CO HOSPITAL INPATIENT TOTAL	2,621	7,876		9,531,508.59		1210.20	.039		3636.59	
HSC HOSPITALS	2,573	7,873		9,490,465.91		1205.44	.039		3688.48	
NON-HSC HOSPITALS TOTAL	1	3		2,798.66		932.89	.000		2798.66	
ACCOMMODATIONS	1	3		693.90		231.30	.000		693.90	
ADMINISTRATIVE DAYS	1	3		693.90		231.30	.000		693.90	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	1	0		2,104.76		.00	.000		2104.76	
INPATIENT CROSSOVERS	48	0		38,244.02		.00	.000		796.75	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	8,971	35,216		899,276.68		25.54	.175		100.24	
MEDICAL	647	977		122,213.91		125.09	.005		188.89	

SURGERY	99	137	6,095.72	44.49	.001	61.57
PATHOLOGY	6,174	23,640	319,753.51	13.53	.118	51.79
RADIOLOGY	2,479	3,119	223,945.40	71.80	.016	90.34
ROOM USE	2,916	3,976	142,553.29	35.85	.020	48.89
CROSSOVERS/ALL OTH OUTPTNT	1,899	3,367	84,714.85	25.16	.017	44.61

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

200,838 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	C E	
@COMMUNITY HOSPITAL TOTAL	11,847	52,934	\$ 22,263,324.12	\$ 420.59	.264	\$ 1879.24	\$
COMM HOSP INPATIENT TOTAL	2,178	11,891	20,830,241.39	1751.77	.059	9563.93	
HSC HOSPITALS	1,003	7,805	13,016,658.48	1667.73	.039	12977.73	
NON-HSC HOSPITALS TOTAL	952	4,086	7,585,468.41	1856.45	.020	7967.93	
ACCOMMODATIONS	952	4,086	2,460,006.24	602.06	.020	2584.04	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	952	4,086	2,460,006.24	602.06	.020	2584.04	
ANCILLARIES	952	0	5,125,462.17	.00	.000	5383.89	
INPATIENT CROSSOVERS	239	0	228,114.50	.00	.000	954.45	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	10,386	41,043	1,433,082.73	34.92	.204	137.98	
MEDICAL	1,628	2,954	169,825.96	57.49	.015	104.32	
SURGERY	440	512	28,314.56	55.30	.003	64.35	
PATHOLOGY	5,564	20,929	257,057.05	12.28	.104	46.20	
RADIOLOGY	2,995	3,914	503,798.62	128.72	.019	168.21	
ROOM USE	3,645	4,770	193,883.68	40.65	.024	53.19	
CROSSOVERS/ALL OTH OUTPTNT	3,366	7,964	280,202.86	35.18	.040	83.25	
@STATE HOSPITAL	12	365	\$ 245,927.50	\$ 673.77	.002	\$ 20493.96	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	12	365	245,927.50	673.77	.002	20493.96	
@NURSING FACILITY	74	2,216	\$ 466,454.78	\$ 210.49	.011	\$ 6303.44	\$
LEV A-INTERMEDIATE	1	30	2,630.65	87.69	.000	2630.65	
LEV B-REHAB MD	26	830	117,636.05	141.73	.004	4524.46	
LEV B-SUBACUTE FREESTANDING	2	52	19,333.08	371.79	.000	9666.54	
LEV B-SUBACUTE HSPTL BASED	10	365	203,037.55	556.27	.002	20303.76	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	35	939	123,817.45	131.86	.005	3537.64	
@INTERMEDIATE CARE FACIL.-DD	12	357	\$ 59,122.77	\$ 165.61	.002	\$ 4926.90	\$
ICF DDH	12	357	59,122.77	165.61	.002	4926.90	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	77	4,808	\$ 165,441.89	\$ 34.41	.024	\$ 2148.60	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	77	4,808	165,441.89	34.41	.024	2148.60	
@REHABILITATION FACILITY	805	5,892	\$ 105,856.03	\$ 17.97	.029	\$ 131.50	\$
HOSPITAL BASED	120	236	11,851.39	50.22	.001	98.76	
INDEPENDENT FACILITY	686	5,656	94,004.64	16.62	.028	137.03	
@LABORATORY FACILITY	9,752	22,553	\$ 494,742.15	\$ 21.94	.112	\$ 50.73	\$
PATHOLOGY	9,702	22,487	491,395.73	21.85	.112	50.65	
XO AND OTHERS	66	66	3,346.42	50.70	.000	50.70	
@ORGANIZED OUTPATIENT CLINIC	95,514	168,498	\$ 15,837,636.61	\$ 93.99	.839	\$ 165.81	\$
CLINIC	1,415	5,029	209,878.34	41.73	.025	148.32	
SURGICENTER	6	17	623.38	36.67	.000	103.90	

HEROIN DETOX CLINIC	1	9	120.78	13.42	.000	120.78	
RURAL HEALTH CLINIC	94,139	163,443	15,627,014.11	95.61	.814	166.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
MONTEREY COUNTY	SUMMARY OF SERVICES FOR TOTAL CERTIFIED						

	200,838 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	17,942	384,476	\$ 3,116,824.17	\$ 8.11	1.914	\$ 173.72	\$	
DURABLE MED. EQUIP.	329	1,609	222,139.60	138.06	.008	675.20		
BLOOD BANK	0	0	.00	.00	.000	.00		
HEARING AID DISPENSERS	155	1,256	53,385.46	42.50	.006	344.42		
MEDICAL TRANSPORTATION	807	21,559	447,090.49	20.74	.107	554.02		
AMBULANCES/AIR TRANS	786	21,273	242,592.39	11.40	.106	308.64		
OTHER TRANS	2	23	79.27	3.45	.000	39.64		
OTHER SERVICES	248	263	204,418.83	777.26	.001	824.27		
ACUPUNCTURE	1	6	104.28	17.38	.000	104.28		
ADULT DAY HEALTH CARE CTR	22	301	20,964.46	69.65	.001	952.93		
GENETIC DISEASE TESTING	2,109	2,118	221,910.00	104.77	.011	105.22		
IHMC,MODEL-NF,NF,AIDS,MSSP	1,423	13,551	861,625.27	63.58	.067	605.50		
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		
OPTICIAN	6,544	14,135	146,009.46	10.33	.070	22.31		
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		
PORTABLE X-RAY	2	3	22.41	7.47	.000	11.21		
PROSTHETIST/ORTHOTISTS	107	503	86,844.79	172.65	.003	811.63		
PROSTHETICS	107	503	86,844.79	172.65	.003	811.63		
ORTHOTICS	0	0	.00	.00	.000	.00		
PSYCHOLOGIST	21	71	4,304.28	60.62	.000	204.97		
SPEECH AND AUDIOLOGY	22	49	2,812.43	57.40	.000	127.84		
HOSPICE SERVICES	2	36	4,542.64	126.18	.000	2271.32		
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		
LOCAL EDUCATION AGENCIES	6,291	229,754	854,187.22	3.72	1.144	135.78		
EPSDT SUPPLEMENTAL SERVICE	31	3,259	100,499.77	30.84	.016	3241.93		
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		
ALL OTHER PROVIDERS	279	96,266	90,381.61	.94	.479	323.95		
@CALIF. CHILDREN SERVICES*	8,955	320,073	\$ 19,116,518.08	\$ 59.73	1.594	\$ 2134.73	\$	
@XOVER EXCLUDING STATE HOSP**	700	6,466	\$ 311,101.97	\$ 48.11	.032	\$ 444.43	\$	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.